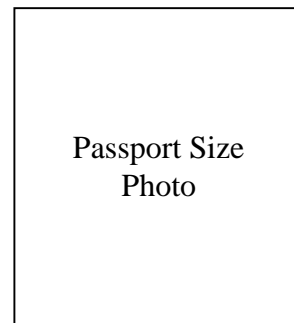




REPÚBLICA DE ANGOLA

SECTOR CONSULAR DA EMBAIXADA DE ANGOLA
WASHINGTON, DC., ESTADOS UNIDOS DA AMÉRICA
2100 16th STREET, NW., WASHINGTON, DC 20009

VISA APPLICATION FORM
PEDIDO DE VISTO DE ENTRADA



Please complete the form in black ink. Check the boxes that apply and attach
• Invitation letter or information sent by individual or institution to be contacted in Angola
• Valid passport
• Two recent passport size pictures

Transit Permit [] Ordinary [] Work Permit [] Resident []
Trânsito Ordinário Visto de Trabalho Fixação de Residência

PERSONAL DETAILS

Dados Pessoais

1. Name: 2. Last name: 3. Sex: M [] F []
4. Date of Birth (dd/mm/yy): 5. Nationality: 6. Nationality of Origin
7. Place of Birth: 8. Country of Birth: 9. Other nationalities:
10. Father's name: 11. Mother's name:
12. Marital status: Single [] Married [] Separate [] Divorced [] Widowed []
13. Mailing address: Tel.:
14. Trade or Profession: 15. Employer:
16. Office/Employer's address: Tel.:
17. Individual traveling with:
18. Person, company or Institution to be contacted in Angola:
19. Name of persons who can provide information:
intended length of stay in Angola

PASSPORT INFORMATION

Informação sobre o passaporte

20. Ordinary passport [] Diplomatic/Official passport [] Other [] document: Passport No.
21. Name of issuing authority 22. Issue date (dd/mm/yy): 23. Valid until (dd/mm/yy):

TO BE COMPLETED BY TRANSIT VISA APPLICANTS ONLY

24. Do you have a Visa Yes [] No [] a Residence permit Yes No [] a Perm [] to remain Yes No [] []

Tem visto Sim Não Autorização de residência Autorização de permanência
or enter the country of destination?
 para entrada no país de destino?
25. Country of destination _____ **26. Date of departure from Angola (dd/mm/yy):** _____
País de destino *Data de saída de Angola*
27. Itinerary _____ **28. Length of stay** _____
Itinerário *Tempo de permanência*

TO BE COMPLETED BY WORK PERMIT APPLICANTS ONLY

A ser respondido apenas por requerentes de autorização de trabalho

29. Contracting entity _____ **30. Position to be filled up** _____
Organismo contratante *Cargo a ocupar*
31. Address _____
Endereço
32. Date contract enters into force _____ **33. Date of bond** _____ **34. Amount of bond** _____ **Payable to SME**
Data do início do contrato *Data da caução* *Valor da caução* *A pagar ao SME*

TO BE COMPLETED BY RESIDENT PERMIT APPLICANTS ONLY

A ser respondido apenas por requerentes de autorização de residência

35. Reasons for establishing residence _____
Razões pelas quais pretende residir em Angola
36. Have you ever lived in Angola before? Yes **No** **Place of residence in Angola** _____
Já viveu em Angola? *Sim* *Não* *Lugar em que residiu em Angola*
37. Address _____
Morada
38. Will you reside with your family? Yes **No** **Wife** **Husband** **Father** **Mother** **Number of children** _____
Vai residir com a sua família? *Sim* *Não* *Esposa* *Esposo* *Pai* *Mãe* *Número de filhos*
39. Do you want to live temporarily or permanently? _____ **Means of subsistence** _____
Vai viver temporariamente ou definitivamente? *Meios de subsistência*

NOTE: The Consular Section of the Embassy of Angola has full authority to assess and request other documents in addition to those submitted by applicant. Applicant is hereby informed that submission of abovementioned documents does not ensure automatic approval of visa issuance. Applicants are further advised to apply for the visa at least two weeks prior to their scheduled departure date.

I declare that the information provided in this application is correct to the best of my knowledge and belief. Applicants traveling to Angola on transit or ordinary visas are not permitted to work or perform any remunerating activity.

Signed _____ date _____

Note/Comments _____

FOR OFFICIAL USE ONLY:

Pagou: Cheque No. _____ No. do Visto: _____ Data: _____ Parecer dos Serviços Consulares _____ _____ _____ _____ O Encarregado para os Assuntos Consulares	Despacho da Direcção de Emigração e Fronteiras de Angola Mediante TELEX, Fax No.: _____ _____ _____ _____ _____ Anexado ao processo _____, de _____/_____/_____ _____ O Director Nacional _____
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