

Democratic Republic of Congo

866 UNITED NATIONS PLAZA, ROOM 511 - NEW YORK, N.Y. 10017

TEL.: 212-319.8061 - FAX: 212-319.8232

Website: <http://www.un.int/drcongo>

VISA APPLICATION FORM (IN ENGLISH)

1. Applicant's Name (First, Middle, Last) : _____

2. Occupation: _____ 3. Place of birth: _____ 4. Date of birth: _____

5. Nationalité : _____

6. Current Address: _____

Home Phone: _____ Work Phone: _____

7. Passport N0 : _____ 8. Date of Issuance: _____

9. Issuing Authority : _____ 10. Place of Issuance : _____

11. Date of Expiration : _____ Two passport photos: Yes _____ No _____

12. Number of entries: _____ 13. Duration of Stay in Congo: _____ Where? _____

14. Reason(s) for entry(ies) : _____

15. Date of entry in the Congo: _____ 16. Place of entry (City/Province) _____

17. Father's Name (First and Last): _____ Nationality: _____

18. Mother's Name (First and Last): _____ Nationality: _____

19. Have you ever entered the Congo? Yes_ No_ 20. Number of entries: _ 21. When? _

Where? _____ Major reason(s) for these(s) entry(ies) _____

22. Reference (Names, address): _____

23. Applicant's signature: _____ 24. Application date: New York, _____

PLEASE DO NOT WRITE IN SPACE BELOW

25. Application N0 : ___ 26. Visa : ___ Granted ___ Denied 27.Type of visa granted:_____ 28.Date of expiration:___ 29. Number of entries:___ 30.Duration of stay in Congo:_____ Visa Fee in US dollars:

Visa requirements

Starting January 5, 1998, all applicants are respectfully requested to abide by the following regulations when applying for a visa for the Democratic Republic of the Congo.

- Valid passport
- Two applications forms properly filled out; date and signed by the applicant.
- Two recent identical passport photos
- International certificates of vaccination showing proof of immunity against yellow fever (valid within six months).
- a) A round trip airline ticket or letter from a travel agency showing the itinerary to and from the Republic Democratic of Congo.
- b) In case of tourists, a proof of sufficient fund (bank Statement) for the length of stay is requested.
- c) In case of a business trip, the applicant may present letter (two copies) from the firm or company stating the purpose of the trip and assuring the financial support to the applicant.
- Mailed application should be sent in along with a self-addressed enveloped and sufficient US postage.
- The consulate reserves the right to grant or not to issue a visa in accordance with the instructions received.
- Those who do not have a US passport, are required to contact the visa department for

further information; two copies of green card for a US resident are required.

- **For minors (age below 18), original of parents' authorization is required.**
- **Please allow 48 hours for processing the application.**
- **Office hours for visa department are Monday to Friday, 10:00 AM to noon.**

FEE

- **75 US \$: One month with one entry**
- **90 US \$: One month with multiple entries**
- **220 US \$: Two months or more with one or multiple entries**
- **20 US \$: For legalization**
- **20 US \$: For birth certificate.**
- **All payment should be made with money order to "Mission of D.R.Congo"**
- **Sorry, no cash or personal check accepted**

PROOF OF IMMUNIZATION

- **Required: Typhoid, meningite, yellow fever, hepatitis A, hepatitis B.**
- **Optional: diphtheria, Tetanos, Polio**
- **Own preventive measure: Malaria.**
- **For further Information**
- **State Department : (202) 647 5225**
- **Center for Disease Control: (404) 332- 4559**