

APPLICATION FOR TEMPORARY ENTRY TO THE KINGDOM OF LESOTHO

	VISA APPLICATION NO.
Fill and	Complete required information.
1.	SURNAME
2.	GIVEN NAMES
3.	DATE OF BIRTH DAY MONTHYEAR
4.	PLACE OF BIRTH TOWN COUNTRY
5.	CIVIL STATUS: MARRIED () SINGLE () WIDOWED () DIVORCED ()
6.	PRESENT NATIONALITY
7.	COUNTRY OF PERMANENT RESIDENCE
8.	PRESENT ADDRESS
9.	PROFESSION
10.	EMPLOYER'S ADDRESS AND TEL.
11.	TRAVEL DOCUMENT NO
12.	DATE OF ISSUE
13.	DATE OF EXPIRY
14.	COUNTRY & PLACE OF ISSUE
15.	WHAT IS THE INTENDED DURATION OF YOUR STAY IN LESOTHO?

16.	Means of Transport: Car Reg. No.; Ticket No.; and Flight No.
17.	Reasons of your journey: -
	 Tourism Family visit Professional Employment/ Consultancy/ business reasons Other Specify
*	For employment enclose a copy of letter of appointment/ contract/ copy of work permit.
18.	If you are joining spouse, parent(s) or relatives(s) give particulars of their Employment in the Kingdom of Lesotho including their full address, and the telephone no. where applicable.
4.0	
19.	Physical and postal address in the Kingdom of Lesotho
20.	Have you ever been to Lesotho: if so when?
	Date, month and year of last visit
21.	Where did you stay?
22.	Have you ever applied for a Lesotho visa before?
	Indicate whether granted () rejected () no reply ()
23.	Port of entry into Kingdom of Lesotho

24.	24. Port of Final departure from the Kingdom of Lesotho				
25.	How much money do you have: -(Not applicable for Diplomate Government officials)	s and			
	M				
	Rs				
	£/US\$				
26.	During the past 5 years, have you or any member of your accompanying you lived in any other country? If yes, state where and follong.				
27.	I undertake not to take any employment during my stay in the Kingd Lesotho or settle there permanently. I shall leave the country on expiry visa if granted. My signature binds me and makes me liable to prose and/or deportation in case of false declaration and to refusal of any viture.	of the cution			
28.	Date and signature of applicant(Legal guardian/parent for minors)				
Your app	oplication shall be rejected if the form is not correctly filled or	some			
DO NO	OT FILL IN THIS SPACE. FOR OFFICIAL USE ONLY.				
☐ Approv	oved . Rejected Number				
Signature	e Date				