For Official Use Only:	APPLICATION FOR A VISA	Form 1
	REPUBLIC OF BOTSWANA	
File Number:	IMMIGRATION ACT	
	(Cap. 25:02)	
A. Alessa Ca fully	(Regulation 7(1))	
Name (in full): Surname:	Please use block letters and black ink only	
		Photo
First Name:		3cm x 4cm
Middle Name:		
Drawing Mailler Own and		
Previous/Maiden Surname:		
2. Age: Date of Birth:		
Y Y Y D D M M Y Y Y	Y	
Country of Birth:		
Place of Birth:		
Sex: Male Female Ma	arital Status: Single Married Divorced Separated	Widowed
	intal Status. Single wanted Swellood Separated	widowed
3. Nationality (state name of country):		
4. (a) Type of Visa required Diplomatic Official Employment Business	Investment Tourist Visitor Study Transit Emergency	4. (b) Number of Entries
Diplomatic Official Employment Business	Investment Tourist Visitor Study Harist Energency	Single
5. Address in Determine		Multiple
Address in Botswana: Town/Village:		
Street/Ward:	Plot/House No:	
6. Address in Country of Domicile:		
Country:		
Town/Village:		
2	District N	
Street/Ward:	Plot/House No:	
7. Occupation:		
Qualifications:		
8. Proposed Length of Stay on whether traveling in	n transit without break of journey: days.	
9. Reasons in full for wishing to travel to the Repu	blic of Botswana	
(Satisfactory evidence will be required as to the	e object of the proposed journey. Employees of firms or persons acting of the nature and physical address of the business on which they are proce	n behalf of firms must
Bankers reference may be required):	and hard and physical address of the business of which they are pro-	Journal abroad.

Requested Vali	dity Period of Visa From: To: To: D D M M Y Y Y Y Y
11 Potoronoos in	Country of Destination (with Names, Physical Address, Telephone No, Residence Permit No, ID No):
(1)	(2)
(1)	
12. Please indicate	e what money or cash (amount) will be at your disposal during your visit:
USD L	EUR ZAR Other:
	Passport or other travel documents which should be submitted with this Application.
Number:	Place of Issue:
Date of Issue:	Date of Expiry:
D D M M	Y Y Y Y D D M M Y Y Y Y
	valid Until:
Return Visa to: _	D D M M Y Y Y Y Y od of communication:
E-mail	
SMS	Cell phone Number: Telephone Number:
31/13	
Post	Present Postal Address:
	Country:
	Town/Village: P.O. Box/P. Bag:
	Town/Village: P.O. Box/P. Bag:
	Post Office Location:
I DECLARE that	the above particulars given by me are true in substance and in fact.
Date:	Signature of Applicant:
D D M M	Y Y Y Y

AT LEAST FOURTEEN DAY'S NOTICE should be given for each application.

NOTE: Any visa granted on this application will be subject to compliance with the Immigration Act and Regulations of the Republic of Botswana.