



# REPUBLIQUE DEMOCRATIQUE DU CONGO

AMBASSADE DE LA REPUBLIQUE DEMOCRATIQUE DU CONGO PRES  
LE ROYAUME DE SUEDE ET LE ROYAUME DU DANEMARK

Attach here  
photo

## VISA APPLICATION FORM

( Please use block letters )

### Identity of the Applicant

Surname (Mr/Mrs/Miss):		First name:	
Sex:	M   F	Marital Status:	
Id card Number::		Occupation:	
Place of Birth:		Country:	Date:

### Address of the Applicant

Street:		No:	
Commune:		Postal Code:	
Country:	Tel/mob:	E-mail:	

### Particulars of Spouse

Surname of Spouse:		First name:	
Nationality:		Occupation:	

### Particulars of applicant Parents

Father's name:		First name:	Nationality:
Mother's name:		First name:	Nationality:

### Informations Concerning Travel Document

Passport:	Date of issue:	Expiration date:
Type:	Issuing Authority:	
Postal code:	Commune:	

### Type of visa required

VISA CATEGORY	DURATION	NO OF ENTRIES	DATE OF ENTRY	BORDER OF ENTRY
Ordinary				
Diplomatic				
Special				

Date of last stayed i DRC: .....

Purpose of visit: .....

Place of destination (Province/Town): .....

Names and address of your reference in DRC: .....

.....

.....

My signature binds and makes me liable to prosecution in case of false statements and can lead to my application being rejected or to the annulment of a visa already granted.

Stockholm, ...../...../.....

Signature:

### FOR OFFICIAL USE ONLY

No of Visa: ..... Classifying no: .....

Type of Visa granted: ..... Date of issue: .....

Initials of encoder: ..... Nr ID Applicant: .....

Visiting address:  
Stjärnvägen 2 A, 7fl 181 34 LIDINGÖ

Postal address:  
Box: 1171 SE - LIDINGÖ

Contact:  
Phone: + 46 876 583 80 Fax: + 46 876 585 91