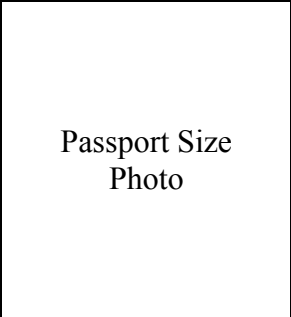




REPÚBLICA DE ANGOLA

SECTOR CONSULAR DA EMBAIXADA DE ANGOLA
WASHINGTON, DC., ESTADOS UNIDOS DA AMÉRICA
2100 16th STREET, NW., WASHINGTON, DC 20009
Tel.: (202) 452-1042/785-1156; Fax (202) 452-1043/ 822-9049

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 [] Ordinary [] Work Permit [] Resident Permit []
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: (Name of references, address and nationality phone/fax):
intended length of stay in Angola

PASSPORT INFORMATION

Informação sobre o passaporte

20. Ordinary passport [] Diplomatic/Official passport [] Other [] ment: 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

A ser respondido apenas por requerentes de vistos de trânsito

24. Do you have a Visa Yes No a Residence permit Yes No 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? 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? 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 dos Serviços de Migração e Estrangeiro Mediante TELEEX, Fax No.: _____ _____ _____ Anexado ao processo _____, de ____/____/____ O Director Nacional _____
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