



**HIGH COMMISSION OF THE COOPERATIVE REPUBLIC OF GUYANA**

A-12/2 Vasant Vihar New Delhi -110057  
Telephone: 41669717-8, Fax: 41669714  
Email: visa\_ind@mission.gov.gy

**GUYANA IMMIGRATION SERVICE VISA APPLICATION FORM**

1. Surname (as in passport):		2. First Name:		3. Middle Name:	
4. Date of Birth: D D M M Y Y		5. Place of Birth:		6. Nationality:	
				7. <input type="checkbox"/> M <input type="checkbox"/> F	
8. Height (cm):	9. Complexion:	10. Mark of Identification:	11. Color of Hair:	12. Color of Eyes:	
13. Marital Status: (a) Single <input type="checkbox"/> (b) Married <input type="checkbox"/> (c) Widowed <input type="checkbox"/> (d) Divorced <input type="checkbox"/> (e) Separated <input type="checkbox"/>					
14. (a) Passport No.:		(b) Place of Issue:			
(c) Date of Issue: D D M M Y Y		(d) Date of Expiration: D D M M Y Y			
15. Home Address (in full):		16. Telephone Number:		17. Years of Residency:	
18. (a) Name and Address of Employer:		19. Office Telephone No.:			
(b) Occupation:					
20. (a) Have you ever visited applied for a Guyana Visa before? Yes <input type="checkbox"/> No <input type="checkbox"/>					
(c) If yes (1) Where _____					
(2) When _____					
(3) Type _____					
(4) Was Visa Issued _____					
(d) Have you ever visited Guyana before? Yes <input type="checkbox"/> No <input type="checkbox"/>					
21. What type of Visa are you apply for? (a) Tourist <input type="checkbox"/> (b) Business <input type="checkbox"/> (c) Student <input type="checkbox"/>		22. Who will finance your expense? (a) Self <input type="checkbox"/> (b) Employer <input type="checkbox"/> (c) Other: _____ (kindly state)		23. Means of accommodation in Guyana (Name and Address):	

24. (a) Do you intend to work in Guyana? Yes  No

(b) If yes, will you be issued with an Employment Visa on arrival or is a work permit in process for you?  
Yes  No

(d) If only on business, state the name and address of the firm:

25. Have you ever:

(a) been afflicted with contagious diseases (for e.g. Tuberculosis) or has suffered from mental illness?  
Yes  No

(b) been arrested, convicted of any offences or crime even though subject to a pardon, amnesty or any other legal action?  
Yes  No

(c) been deported from Guyana within the last five (5) years?  
Yes  No

(d) sought to obtain a visa by misrepresentation or fraud?  
Yes  No

26. (a) Intended traveling date to Guyana: 

D	D	M	M	Y	Y
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(b) Duration of stay in Guyana: \_\_\_\_\_

**DECLARATION:**

**I certify that I have read and understood all the above questions and the answers I have given on this form are true and correct to the best of my knowledge and belief. I understand that possession of a visa does not entitle the bearer to enter Guyana at port of entry if he/she is found inadmissible.**

**Signature of Applicant:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**NOTE: FAILURE TO DISCLOSE THE TRUE PURPOSE OF APPLYING FOR A VISA OR THE SUBMISSION OF FALSE INFORMATION WILL RESULT IN REFUSAL OF ENTRY OR EXPULSION FROM GUYANA.**

**FOR OFFICIAL USE ONLY**

VISA NO.:

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VALID UNTIL:

D	D	M	M	Y	Y
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SINGLE  MULTIPLE  ENTRY

DATE OF ISSUE

D	D	M	M	Y	Y
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SIGNATURE OF CONSULAR OFFICER

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