EMBASSY OF THE KINGDOM OF LESOTHO
2511 Massachusetts Ave., NW
Washington, DC 20008
Tel: (202) 797-5533 Fax: (202) 234-6815

VISA APPLICATION

To be completed in Block Letters:

1. SURNAME..... MAIDEN NAME.....
2. FORENAMES..... SEX.....
3. NATIONALITY (at PRESENT) .....
4. PREVIOUS NATIONALITY.....
5. DATE OF BIRTH..... TOWN/CITY..... COUNTRY.....
6. PASSPORT NO. ..... ISSUED AT..... ON.....
7. OCCUPATION.....
8. MARITAL STATUS.....
9. PERMANENT ADDRESS.....

   .....

   TEL. NO.....
10. DATE OF ARRIVAL IN LESOTHO.....

    ADDRESS IN LESOTHO.....
11. PURPOSE OF THE VISIT.....
12. DURATION OF THE VISIT.....
13. VEHICLE/FLIGHT NUMBER.....
14. WHERE WILL YOU GO ON LEAVING LESOTHO.....
15. DETAILS OF CHILDREN ACCOMPANYING YOU WHO ARE ALSO INCLUDED IN YOUR PASSPORT:

	FORENAMES & SURNAME	DATE & PLACE OF BIRTH	SEX
(i)	.....	.....	.....
(ii)	.....	.....	.....
(iii)	.....	.....	.....
(iv)	.....	.....	.....

16. DETAILS OF RELATIVES/ACQUAINTANCES IN LESOTHO:

	NAME	ADDRESS	NATURE OF BUSINESS/ RELATIONSHIP
(i)	.....	.....	.....
(ii)	.....	.....	.....

SIGNATURE OF APPLICANT.....

DATE.....

GPL 133/90-10m