



**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: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	5. Place of Birth:		6. Nationality:							
D	D	M	M	Y	Y												
				7. Sex: M <input type="checkbox"/> F <input type="checkbox"/>													
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: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	(d) Date of Expiration: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> </table>				D	D	M	M	Y	Y
D	D	M	M	Y	Y												
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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