



VISA APPLICATION TO MADAGASCAR

TYPE OF VISA REQUESTED:

PHOTO

PERSONAL DETAILS

- Name ⁽¹⁾ _____
- Maiden name _____
- First and middle names ⁽²⁾ _____
- Family status _____
- Date of birth _____
- Place of birth ⁽³⁾ _____
- Current citizenship _____
- Previous citizenship _____
- Gender male female
- E-Mail _____
- Telephone ⁽⁴⁾ _____
- Home address ⁽⁵⁾ _____

Postal code City Country

PROFESSION

- Profession _____
- Name and Address of employer ⁽⁵⁾ _____

Postal code City Country

PASSPORT

- Type _____
- Number _____
- Expiration date _____
- Delivered by _____

STAY IN MADAGASCAR

- Expected arrival _____
- Departure _____
- Duration of stay in days _____

I declare that all the information that I provided are correct and complete. I commit myself to leave the Malagasy territory upon expiration of the visa, if delivered. My signature engages my responsibility and exposes me later, apart from the penalties imposed by law, in case of wrong statement, to a reject or cancellation of the visa.

Place, Date

Signature

(1) married name for female spouses (2) In the order of civil status (3) City and country (4) Home or office or mobile phone (5) Street and number

ADDITIONAL INFORMATION SHEET

- Name (1) _____
- Maiden name _____
- First and middle names (2) _____

Your address in Madagascar during your stay (6) _____

Previous stays in Madagascar (7) _____

Person to be contacted in case of emergency (8) _____

Have you been refused an entrance visa or a residence permit in the republic of Madagascar? Yes No

If yes, please specify date and reason:

Have you ever experienced expulsion or other measures of estrangement in the republic of Madagascar?

Yes No

If yes, please specify date and reason: _____

(1) married name for female spouses (2) in the order of civil status (6) address, e-mail, telephone and name of the person (if accommodation by a particular) or hotel (7) the last three ones: by specifying the number, date of issuance and duration of visa as well as reason of the stay (8) name, first and middle names, e-mail and telephone of a person from your residence country

SPACE RESERVED TO ADMINISTRATION	
Date d'Introduction de la Demande :	Numéro d'enregistrement :

DÉCISION DU SERVICE DES VISA	
<input type="radio"/> ACCORD	<input type="radio"/> REFUS
NUMÉRO DU VISA :	
VALIDITÉ DU VISA :	DÉBUT :
	FIN :
DURÉE DU SÉJOUR AUTORISÉ : <input type="radio"/> 30 J <input type="radio"/> 60 J <input type="radio"/> 90 J	
NOMBRE D'ENTRÉES AUTORISÉES : <input type="radio"/> Une <input type="radio"/> Multiple	
CARACTERISTIQUE DU VISA :	<input type="radio"/> Non transformable <input type="radio"/> Transformable <input type="radio"/> Courtoisie <input type="radio"/> Courtoisie prorogable
DATE D'ENVOI DU PASSEPORT :	