

HONORARY CONSULATE GENERAL
REPUBLIC OF ALBANIA



P.O. BOX 2000 WITKAMPEN 2060
CONSULATE GENERAL OFFICE
SUITE G57, FOURWAYS MALL, FOURWAYS
TEL: ++2711 4656701 FAX: ++2711 4653853

ENTRY VISA APPLICATION FORM

CONSULAR REFERENCE NO:

1. Surname:
2. First Name(s):
3. Date of Birth: Year Month Day
4. Country of Birth:
- Nationality:
- Identity Document No:
5. Present Physical Address:
6. Present Postal Address:
7. Contact Telephone No: Home: { } Work: { }
8. Country of Passport you hold Passport No: Expiry Date: / /
9. Marital Status:
10. Occupation:
- Name of Employer:
- Address of Employer:
- Purpose of visit: Holiday Business Medical Missionary Other
- If other specify:
11. Address in Albania:
12. Contact person / Organization: Telephone No:
13. Date of Visit: Arriving: / / Departing: / /
- Arriving By Air: (Tirana Airport) Date: / / Time: H
- Airline: Flight No:
- Arriving by Road or Rail Port of entry :
- Date: / / Time: H
14. Have you ever been refused entry into Albania: YES NO

Date: / /

Signature

For official use only:	
Return air tickets examined:	Funds for trip demonstrated:
Visa approved: Yes No	
Visa to be collected at Embassy in: London Rome Athens Cairo Not applicable	
Visa to be collected at Port of entry: Yes No Not applicable	
Date to be collected:	