



EMBASSY OF THE KINGDOM OF LESOTHO

VIA SERCHIO, 8 - 00198 ROME, ITALY

FAX: 06 8542527 - TEL.: 06 8542496119

Lesotho-Rome Visa Office

NO: .....

Entry Visa Application Form

Names in full:..... Family Name:.....

Former Name:..... Present Nationality:.....

Date and place of birth:..... Sex:.....

Marital Status (Single, married, divorced):.....

Children included in applicant's passport and accompanying her/him

Relation	Date of birth	Sex	Name in full
1.....	.....	.....	.....
2.....	.....	.....	.....
3.....	.....	.....	.....

Present Address:..... Tel. No:.....

Permanent Address:.....

Profession/Occupation:.....

Reason for visit:.....

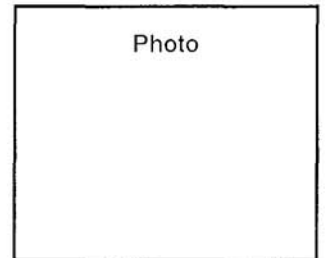
Required Period:..... from:..... to:.....

Address in Lesotho:.....

Passport No:..... Issued at:..... Issued on:.....

Valid until:.....

Applicant's signature:..... Date:.....



FOR OFFICIAL USE ONLY

Officer's Signature..... Remarks.....

Date:.....