

MOZAMBIQUE CONSULATE
 Suite 43, New Henry House
 10 Ice House Street, Central
 HONG KONG
 Tel: 2521 1444 Fax: 2845 0714

Contact person: _____
 Tel no.: _____

APPLICATION FOR ENTRY VISA TO MOZAMBIQUE				FOR OFFICIAL USE	
PLEASE FILL IN IN LEGIBLE LETTERS		PHOTO		RECIBO N°	
SINGLE ENTRY				VISTO N°	
<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days				DATA DE EMISSAO/...../20.....	
MULTIPLE ENTRIES				VALIDADE/...../20.....	
<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days					
SURNAME		GIVEN NAME			
MAIDEN NAME		COUNTRY/CITY OF BIRTH			
DATE OF BIRTH		SEX	MARITAL STATUS		NATIONALITY
PASSPORT N°	DATE OF ISSUE/...../20.....		VALIDITY/...../20.....		
PROFESSION/OCCUPATION			POSITION		
COMPANY/INSTITUTION					
RESIDENCE				Tel: _____ (Office)	
				_____ (Home)	
HAVE YOU EVER BEEN IN MOZAMBIQUE ?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN A RESIDENT IN MOZAMBIQUE ?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
WHY DID YOU LEAVE MOZAMBIQUE ?				DATE OF EXIT {/...../20.....	
THE COMPANY/INSTITUTION YOU PLAN TO VISIT					
PURPOSE OF VISITING MOZAMBIQUE					
LENGTH OF STAY IN MOZAMBIQUE			DATE OF ENTRY/...../20.....		
PORT OF ENTRY			PORT OF EXIT		
ADDRESS OF RESIDENCE IN MOZAMBIQUE					
Province	District	City	Avenue / Street		House n°
RELATIVES, FRIENDS LIVING IN MOZAMBIQUE					
Full Name	Nationality	Relationship	Address		
INCOMPLETE OR INCORRECT FILLING IN OF THIS FORM MAY RESULT IN DELAY DEVOLUTION OR REJECTION					
Date {/...../20.....	 Signature of applicant or of the applying entity			
For official use			DATA DA RECEPCAO/...../20.....		
			DATA DE ENTREGA/...../20.....		
..... Signature					