



EMBASSY OF THE REPUBLIC OF LIBERIA
12 PLACE DU GENERAL CATROUX
PARIS 75017
01 47 63 58 55/ tel.
01 42 12 76 14/ fax

DIPLOMATIC /OFFICIAL /REGULAR VISA

NAME(First/ Middle Initial/Last)

Street Address/Suite N°

City/State/zip

Telephone

Email Address

Date of Birth

Place of Birth(City/ Country)

Nationality

Passport Number

Place Issued

Date Issued

Expiration Date

Visa Type Requested	Single (3 months*)		
	Multi (6 months**)		Multi (1 year***)

Proposed Travel Date

Length of Stay

Purpose of Trip	Business	Tourism	Employment
	Official	Diplomatic	Other

If "Other" please explain

Is this your first visit to Liberia	Yes	No
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Reference 1:	
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Employer telephone	
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Street Address	
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City/State/Zip	
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Telephone	
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Reference 2:	
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Employer telephone	
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Street Address	
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City/State/Zip	
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Telephone	
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I declare under penalty of perjury all of the following:

- 1) I am a citizen or non-citizen national of the Republic of Liberia. The statements made on the application are true and correct;
- 2) I have not knowingly and wilfully made false statements or included false documents in support of this application; and
- 3) the photograph submitted with this application is a genuine, current photograph of me. I fully understand that any misleading information given will immediately disqualify me from obtaining a Visa.

Signature of Applicant	
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For Embassy Use only	Visa N°	
	Issued	
	Expiration	
	Approved by	

* Price for Visa 3months is 100 €

** Price for Visa 6months is 200 €

*** Price for Visa 1 Year is 300 €