

# VISA APPLICATION CENTRE

Deliver / Mail to: 34 South Molton Street, Mayfair  
London, UK W1K 5RG  
020 7409 5292 - London  
080 8168 0690 - Free phone

Fully complete this form and submit with your application. Processing will be delayed if items are missing or incomplete.

## Section 1: CONTACT INFORMATION

NAME  TELEPHONE   
E-MAIL  E-mail address will be used to provide vital passport tracking information as well as periodic travel updates & payment invoice

## Section 2: TYPE OF VISA TO BE PROCESSED (complete multiple lines if applying for more than one visa)

VISA 1	<input type="text"/> <small>HINT: LIST ABOVE THE COUNTRY FOR APPLICATION, CATEGORY (tourist, business, work, etc) &amp; TYPE (single, double, or multiple) OF VISA</small>	COST	£ <input type="text"/>	+
VISA 2	<input type="text"/> <small>HINT: LIST ABOVE THE COUNTRY FOR APPLICATION, CATEGORY (tourist, business, work, etc) &amp; TYPE (single, double, or multiple) OF VISA</small>	COST	£ <input type="text"/>	
VISA 3	<input type="text"/> <small>HINT: LIST ABOVE THE COUNTRY FOR APPLICATION, CATEGORY (tourist, business, work, etc) &amp; TYPE (single, double, or multiple) OF VISA</small>	COST	£ <input type="text"/>	
VISA 4	<input type="text"/> <small>HINT: LIST ABOVE THE COUNTRY FOR APPLICATION, CATEGORY (tourist, business, work, etc) &amp; TYPE (single, double, or multiple) OF VISA</small>	COST	£ <input type="text"/>	
			=	
TOTAL VISA COST			£ <input type="text"/>	BOX A

SUM UP ABOVE BOXES

## Section 3: OPTIONS FOR RETURNING YOUR PASSPORT TO YOU - PLEASE MAKE ONE SELECTION

Method:  
☐ Pick-up at London office - £0 ☐ RM Next Day by 1PM - £8 ☐ RM Next Day by 9AM - £20  
☐ Pre-paid - £0 (only if you have included a prepaid envelope with your documents)

TOTAL RETURN COST £  BOX B

Return Address: (IF PAYING FOR RETURN)

Name   
Address   
City  Post Code

Absolute latest date by which you must have your document returned to you

Third Party Pickup: Provide Name

## Section 4: PAYMENT FOR YOUR VISA APPLICATIONS - PLEASE SELECT YOUR PREFERRED METHOD

☐ Visa ☐ MasterCard  
☐ Google Checkout ☐ PayPal ☐ Bank Transfer (see note below)

TO BE PAID (ADD BOX A&B) £

PAYMENT NOTES: Google Checkout & Paypal payment invoices will be sent to your primary e-mail address provided in Section 1 of this form. For Bank Transfer payments, please call our office

Card Number  Expiry  CVC   
Card Billing Address   
City  Post Code

By using the services of Visa Centre, I authorize to handle my personal information and my passport/other documents and particulars / to a foreign diplomatic mission in the United Kingdom for the purpose of acquiring a visa or other consular document. By signing this document, I accept in whole the following terms, conditions and limitations: Visa Centre can not and does not guarantee a visa will be issued by a diplomatic office, as this is the sole prerogative of the foreign government. Visa Centre does not bear liability for the safety or security of your passport/document once the passport has entered the diplomatic grounds or passed into the control of a courier for return delivery. Visa Center is not liable for any stolen or lost passport, and has no liability for late delivery of passports and visas, and Visa Center does not bear any financial, legal or other obligations whatsoever for client ticket or other purchases, down payments, bookings or any kind of travel or other arrangements that were done prior to the issuance of visa or what may be affected by processing times or denial of visa. Visa Centre does not bear any financial (or otherwise) responsibility from issues arising from errors and improper issuance of visas by the consulates; for losses resulting from, and does not compensate for travel expenses arising from any of the above. Visa Centre will charge £35.00 + any consular fees (if applicable) per passport for cancelled visa applications after the documents have been received for processing. I understand and fully accept the above mentioned.

Signature

Current Date

7/27/12

# Ghana High Commission

104 Highgate Hill, London N6 5HE

Telephone: (0208) 342 7500

Fax: (0208) 342 8570

Affix  
photographs  
here

## APPLICATION FOR GHANA ENTRY PERMIT/VISA

### INSTRUCTIONS

- This application must be completed in duplicate and in capital letters and submitted together with your passport and Two (2) recent passport-sized photographs. It takes a minimum of four (4) working days to process applications. Full names and addresses of references/ accommodation in Ghana should be stated (including telephone numbers). Any information stated on the form and subsequently found to be incorrect may render Entry Permit/Visa void. Applicants applying by post should provide self-addressed stamped registered envelopes. Payment can be made by Postal Orders or Banker's Draft made payable to the GHANA HIGH COMMISSION.
- Personal cheques in general are not acceptable. It takes ten (10) working days for postal applications

1. (a) Surname	First Names	Previous name (if applicable)
(b) Date of Birth	(c) Place of Birth	(d) Nationality
(e) Former Nationality (if any)		
(f) Passport No		
Place of Issue	Date of issue	Date- of Expiry

2. Profession / Occupation / Status	
3. (a) Business Address	(b) Residential Address
Telephone	Telephone

4. Proposed date of departure for Ghana	5. (a) Travelling by: (please tick appropriate box) <input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Land	
(b) Is applicant in possession of return ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) Financial means at applicant's disposal (please indicate amount)	Ticket No

6. Purpose of Journey: (please tick appropriate box(es))	Tourism / Holiday/ Visit <input type="checkbox"/>	Business <input type="checkbox"/>	Employment <input type="checkbox"/>	Joining Parents <input type="checkbox"/>
Educational <input type="checkbox"/>	Diplomatic <input type="checkbox"/>	Official <input type="checkbox"/>	Voluntary Work <input type="checkbox"/>	Transit <input type="checkbox"/>

7. Names and Addresses of two references in Ghana: <u>Address 1</u>		<u>Address 2</u>	
8. If for employment, Name and Address of Employer in Ghana		9. Duration of stay in Ghana	Multiple Visa <input type="checkbox"/> Single Visa <input type="checkbox"/>
10. Date of last visit to Ghana	11. Applicant's Signature		Date of Application

12. * Accompanied by: (please complete if sharing passport & travelling together. People travelling on the same passport are charged separately)		For Official Use	
(a) Name	Date of birth	Visa No	
		Type of Visa	
		Date of Issue	
(b) Name	Date of birth	Charges	
		Endorsed For	
(c) Name	Date of birth	Signature of Issuing Officer	