



EMBASSY OF THE KINGDOM OF LESOTHO

VIA DI PORTA PERTUSA, 4 - 00165 ROME - ITALY

TEL. 6378183/6377974

NO.:.....

Lesotho-Rome Visa Office

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: .....

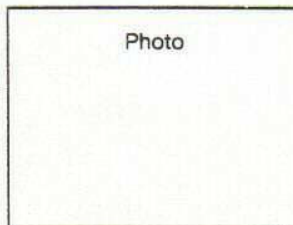
Required Period: ..... from: ..... to: .....

Address in Lesotho: .....

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

Valid until: .....

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



FOR OFFICIAL USE ONLY

Officer's Signature .....

Remarks .....

Date: .....

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