

Mail documents to: VisaHQ.ca Inc.

1701 Rhode Island Ave NW Washington, DC 20036

Tel: 1-202-661-8111



Gambia Tourist visa Application for citizens of Chad living in Alberta

Please enter your contact information					
Name:					
Email:	Email:				
Tel:	Tel: Mobile:				
The latest date yo	The latest date you need your passport returned in time for your travel:				
Please make sure that	application forms are not printed on d	ouble-sided paper.			
Gambia	tourist visa checklist				
Filled out	Filled out and signed Gambia tourist visa application form. The form is enclosed.				
Original Pa	Original Passport. Passport must have at least 6 months remaining validity and have at least 1 visa page.				
1 Photogra	aphs. Standard passport photographs 2x	x2 inches on a white background.			
Payment.	Credit Card Authorization form, Certified	Check, or Money Order payable to Vis	saHQ.ca.		
Return ma	Return mailer. Prepaid self-addressed return label or payment for FedEx.				
If you wish to	prepay return shipping, please add the shi	ipping fee to the total and provide return	n address:		
FedEx Intern	ational Priority - From \$60	Name:			
Prepaid self	addressed mailer - \$0	Company:			
		Address:			
		City:			
		State:	Postal code:		
* Actual prices	s may vary based on location per FedEx.co	om.			



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Gambia Tourist visa Application

Type of visa	Validity	Processing time	Embassy fee	Service fee	Money order Fee	нѕт	Total
Single entry	up to 90 days	4 business days	\$140.00	\$169.00	\$10.00	\$8.45	\$327.45
Single entry	up to 90 days	Next business day	\$210.00	\$169.00	\$10.00	\$8.45	\$397.45

This order is subject to Terms of Service, posted on VisaHQ website.

All fees and requirements may change without notice.



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Credit card authorization form

By signing this form i accept Visa of \$	HQ.ca Terms of Service and aut	horize to charge my credit card for tl	ne amount	
Name on the Credit Card:				
Credit card number:	-	-		
Exp. date:	1	CVC:		
Credit Card Billing Address:				
Signature:				
Comments:				
Thank you! We accept all major credit cards.				
	VISA Pay	Pal GSA SmartPay® 2		



Embassy of the Republic of The Gambia 5630 16th Street, NW Washington, D.C. 20011

http://gambiaembassydc.us/ Tel. (202) 785 1399 E-mail info@gambiaembassydc.us

APPLICATION FORM FOR VISA

1.	First Name	M	liddle Name	Last Name	
2.	Date of Birth Month		Date	Year	
3.	Place of Birth				
4.	Marital Status	□ Single	☐ Married	□ Divorced	
5.	Purpose of Visit	□ Official	□ Business	□ Tourism	
6.	Occupation				
7.	Passport No.	Issue Date	Exp	piration Date	
8.	Present Address (in U.S. or	country of residence)			
9.	Phone Number		E-Mail Address		
10.	D. Father's Name				
11.	. Mother's Name				
12.	2. Address in The Gambia				
13.	3. Length of Stay in The Gambia				
14.	4. Reference Contact in The Gambia (Name & Tel No.)				
14.	4. Emergency Reference/s in the USA (Name & Tel No.)				
15.	. Applicant's Signature Date				
16.	REQUIREMENTS FOR VISA (please note that we can NOT process unless the requirements submitted are complete) 1. Valid passport (Please submit the actual passport to paste the visa on) 2. One passport-size photograph on white background (taken in the last six months; please write name and passport number on the back and sign) 3. Completed and signed application form 4. A nonrefundable application fee of \$100.00 in money order only, payable to the Embassy of The Gambia 5. Prepaid self-addressed/return envelope (FedEx/UPS or Priority/Express Mail 6. Regular visa processing time 3 – 4 days.				
	PICKUP/DROP-OFF HOURS Monday - Thursday – 11:00 AM to 2:00 PM (Lunch Break is 12:00nn-1:00pm) Friday – 11:00 AM Express Service available for an additional fee of \$50.00.				
FOR CONSULAR OFFICE USE ONLY					
Visa issued is multiple-entry.					
Remarks					
Mode of Dispatch					

Money Order/Cashier's Check No. and Amount

Letter of Authorization

		Date:
To whom it may concern:		
	authorizeessing of my visa. I have given my consenuments, as well as permission to discuss ned necessary.	t allowing him to submit
Signature of Applicant		