

## INSTRUCTIONS FOR APPLICATIONS

Once you have downloaded the PDF form, save it on your computer. Fill out the PDF form on your computer, save the file, print it out and send it with your paperwork, or email or fax it to us.

If filling out the form on your pc is any problem, you can print it out and complete the form by hand.

*Send completed application to:*

**Travel and Visa**  
**285 Centennial Olympic Park Drive NW Unit 1207**  
**Atlanta, GA 30313**

Please choose return shipping method: Return Shipping (Per Person)

### Return shipping method:

- FedEx 2nd day delivery \$24
- FedEx Standard Overnight \$28
- FedEx Priority Overnight \$33
- FedEx Saturday delivery \$46
- FedEx First Overnight \$67
- Prepaid self-addressed mailer (please no USPS, we can only accept FedEx or UPS prepaid labels), \$7

### Along with completed application, please send the following:

- Your Passport, (must be signed, have at least 2 blank designated visa pages, and valid for at least 6 months after the date your visa will expire)
- 1 passport size picture,
- a copy of flight itinerary and proof of hotel booking or a copy of a private invitation with the host's ID or passport scan.
- Payment (include your check or money order). If paying with a credit card please fill out the credit card payment authorization form below.

any additional paperwork listed in the requirements for visa of your choice

**Total cost = Visa Fee + Shipping Fee**

*Please keep in mind that processing time is calculated from the next business day following the receipt of your documents. All Visa Processing is in business days, the shipping doesn't count towards your Visa Processing time. Please plan accordingly.*

**If you have any questions, comments, concerns, please contact us:**

**Phone: 404-452-7288**

**Fax: 404-551-5279**

**E-mail: info@travelandvisa.com**



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Unit 1207  
Atlanta, GA 30313

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### CREDIT CARDHOLDER'S AUTHORIZATION FORM

In lieu of my credit card imprint I (name of card holder shown on credit card)

I, \_\_\_\_\_

hereby authorize Travel and Visa & its agents to charge my:

AMEX  VISA  MASTERCARD  DISCOVER

Card #: \_\_\_\_\_ Exp. (mm/yy) \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Traveler 1: \_\_\_\_\_ date of birth (mm/dd/yy) \_\_\_\_\_

For the following Services (PLEASE SPECIFY):

\_\_\_\_\_  
\_\_\_\_\_

My billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My mailing address (if differs from billing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

*By signing below, I acknowledge charges described herein. Payment in full to be made when billed or in extended payments in accordance with standard policy of card issuer.*

*Change and/or Cancellation Policy: Visa & Visa Support fees are non-refundable. In case mistake is made on our part in dates/names, please notify us within 12 hours after receipt of your visa for necessary corrections to be made. If your trip has been postponed or dates are changed, some consulates permit visa correction for a fee.*

Please contact us for details.

\_\_\_\_\_ Date: \_\_\_\_\_

*(Signature of cardholder)*



# Application for Ghana Entry Permit/Visa

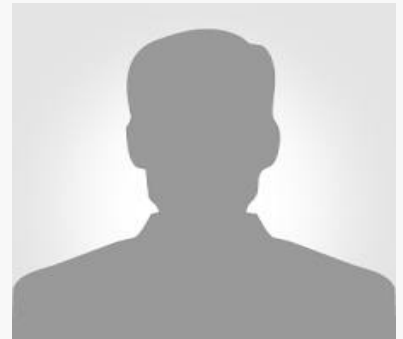
**REGULAR SERVICE**

Embassy of Ghana Washington DC.

**For Official Use Only**

Visa No.: \_\_\_\_\_  
 Type of Visa: \_\_\_\_\_  
 Date of Issue: \_\_\_\_\_  
 Issuing Officer: \_\_\_\_\_  
 Charges: \_\_\_\_\_

Attach recent passport size photograph here



- Single Entry \$60.00  
 Multiple Entry \$100.00  
**NO PERSONAL CHECKS**

**FILL WITH BLACK INK ONLY**  
 1. The form must be completed in block/capital letters and submitted together with two(2) recent passport size photographs.

**1. Personal Information**

a. Surname /Last Name

b. First Name(s)

d. Middle Name

c. Previous Name (if applicable)

e. Date of Birth

f. Place of Birth

g. Nationality

h. Former Nationality (if any)

**2. Passport Information**

a. Passport Number

b. Date of Issue

c. Place of Issue

e. Date of Expiry

**3. Name and Address of Employer/School (USA)**

a. Profession/Occupation

**NOTE:**  
 If retired or currently unemployed, please state the address and telephone number of last/previous employer.

**4. Residential Address**

a. Street/ Mailing Address:

b. City:

c. State

d. Zip Code:

e. Home Phone No.:

f. Cell Phone No.:

g. Emergency Contact Person: (Full Name)

h. Contact Person's Phone No.

i. Relationship

b. Street/Mailing Address:

c. City

d. State:

e. Zip Code:

f. Telephone Number:

Your Email Address:

Applicant's intended date of travel

Is applicant in possession of roundtrip ticket? \_\_\_\_\_

Amount of money Applicant is travelling with

If (yes) Indicate ticket number: \_\_\_\_\_

Traveling by:  Air

Sea

Land

Land



# Application for Ghana Entry Permit/Visa

Embassy of Ghana Washington DC

## Purpose of Journey:

<input type="checkbox"/> Business	<input type="checkbox"/> Tourism	<input type="checkbox"/> Employment	<input type="checkbox"/> Official	<input type="checkbox"/> Transit	<input type="checkbox"/> Student	<input type="checkbox"/> Other
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## 5. Name, Address and Telephone Number of Lodging place/Contact Person/s in Ghana

a. Name of Hotel/Guest House in Ghana		f. Contact Person in Ghana, Name and Address	
b. Street (Mailing address)		g. Street(Mailing address)	
c. City/Town	d. Region	h. City/Town	i. Region
e. Telephone Number		j. Tel. Number:	

## 6. If you select employment, indicate name and address of employer in Ghana

a. Name of Employer		
b. Address/P .O Box:		
c. City/Town	d. Region	e. Telephone Number

<b>7. Duration of stay in Ghana</b>	<b>8. Date of last visit to Ghana</b>

## 9. For Tourism, list at least two(2) areas of interest, or indicate in writing purpose of journey if you selected Other


Applicant's Signature:	Date of Application:

### For mailing:.. Use Address Below:....

*Visa Processing Center  
Embassy of Ghana  
3512 International Drive NW  
Washington DC. 20008*