DOCUMENT PREPARATION SERVICE - GHANA

Account Code:

Only complete this Document Preparation Request if you would like CIBTvisas to complete your online visa application..

1. We will need to have your full application submitted together with this Document Preparation Service Request in order to cross check information.
2. We will need the completed Document Preparation Service Request before 2pm in order to have it returned to you the same day.
3. The completed online application must be signed by the applicant. We will send you the completed Ghana online application via encrypted email with instructions on how to decrypt.
4. An original signature is required on the completed application form, which means it will need to be printed, signed by the applicant and sent to CIBTvisas by post or courier.
5. There is an additional fee of £65.00 plus VAT for completing the Ghana application form for the applicant online.
6. We are unable to offer a Pre-Check service on any Document Preparation Service Request

APPLICATION DETAILS

TYPE OF VISA REQUIRED

◯ Business ◯ Tourists ◯ Transit ◯ Private ◯ Internship

NUMBER OF ENTRIES REQUIRED

◯ Single Entry ◯ Multiple entry (business only - valid for 6 months) ◯ Multiple entry (valid for 1 year)

PERSONAL DETAILS

FIRST AND MIDDLE NAME

LAST NAME

MAIDEN NAME

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS

GENDER

◯ Male ◯ Female

MARITAL STATUS

IF MARRIED, PROVIDE PREVIOUS NAMES

NATIONALITY OF APPLICANT

PROFESSION

DATE OF BIRTH dd/mm/yyyy

PLACE OF BIRTH

NATIONALITY AT BIRTH

PASSPORT DETAILS

PASSPORT NUMBER

DATE OF ISSUE dd/mm/yyyy

DATE OF EXPIRY dd/mm/yyyy

TRAVEL DETAILS

PROPOSED DATE OF DEPARTURE dd/mm/yyyy

DURATION OF STAY (IN DAYS)

DO YOU HAVE A RETURN TICKET

◯ Yes ◯ No

PLEASE STATE YOUR TICKET NUMBER

FINANCIAL MEANS

Yes	No	
◯	◯	HAVE YOU EVER BEEN REFUSED A VISA TO GHANA?
◯	◯	HAVE YOU EVER BEEN REFUSED ENTRY INTO OR DEPORTED FROM GHANA?
◯	◯	DO YOU HAVE A CRIMINAL RECORD IN GHANA OR ANY OTHER COUNTRY?

Yes	No	
◯	◯	DO YOU SUFFER FROM A MENTAL DISORDER?
◯	◯	DO YOU SUFFER FROM ANY COMMUNICABLE DISEASE?
◯	◯	HAVE YOU EVER VISITED GHANA BEFORE?

IF YES, WHAT WAS THE DATE OF YOUR LAST VISIT? dd/mm/yyyy

RESIDENTIAL ADDRESS IN THE UK

ADDRESS

PHONE NUMBER

BUSINESS ADDRESS IN THE UK

COMPANY NAME

PHONE NUMBER

EMAIL ADDRESS

ADDRESS

NAME OF ADDRESS AND REFERENCE IN GHANA 1

NAME OF REFERENCE/HOTEL

PHONE NUMBER

EMAIL ADDRESS

ADDRESS

NAME OF ADDRESS AND REFERENCE IN GHANA 2

NAME OF REFERENCE/HOTEL

PHONE NUMBER

EMAIL ADDRESS

ADDRESS