|  |  |  |
| --- | --- | --- |
| سفارة جمهورية الســــــودان**مملكة السويد ــــ إستكهولم** | eagel | The Embassy of The Republic of the Sudan**The Kingdom of Sweden -Stockholm**  |

|  |
| --- |
| PHPTO**2** |

Date:…… /………./…………

# **Entry visa form استمارة تاشيرة دخول ـــــــ**

**Name** ………………………………………………………………………………….. **Surname**………………………………………………………………..

**Date and Place of Birth**:……………………………………………………… **Nationality**:.................................................................

🞏**Passport (National)** 🞏**Diplomatic Passport** 🞏 **Official Passport** ‎ 🞎 **UN Passport** ‎ 🞎 **Others (Travel Doc)**

**Passport No** :……………………………………………………….. **Date and Place of Issue:.........................................................**

**Expires No**:…………………………………………………………… **Occupation**:……………...................................................................

**Phone No:** ……………………………………………………………. **Present address:**……………...........................................................

|  |
| --- |
| 🞏 **Family** 🞏**Business** 🞏 **UN**  🞏**Diplomatic**🞏**Visit, Bausch** 🞏**Study /Science** 🞏 **Tourist** 🞏**Official** 🞎**Humanitarian** 🞏 **Transit** 🞎**Mission**🞎**Others, Specify.....................................................................................................** |
| 🞎 **Single** | 🞎 **Multiple** |

**Motive of Journey :**

**Visa:**

**Reference‎ name:** ………………………….……………..…………… **Reference Address in Sudan** ‎ …………………………………………….

**Reference Telephone No**: …………………………………………………………………. **Relation to applicant** ……………………………………………..

**Business reference in Sudan**: …………………………………………… **Relation Telephone No** ‎ …………………………………………………………..

**Approx, Date of arrival**: …………………………………………………………………………………………………………………………………………

**Period of stay required**: …………………………………………………………………………………………………………………………………………

**Date of previous Visits**: …………………………………………………………………………………………………………………………………………

|  |  |
| --- | --- |
| Thumbprint Left | Thumbprint Right |

### **Exit Permit No:…. الإبهام الأيمن والأيسر**

**Date :**…………………………………………..

**Signature:**……………………………………..
**For Office Use Only**

🞎 **تصديق مسئول العمل القنصلي** ……………………………………………….🞎 **الفحص** …………………………………

🞏 **تصديق رئيس البعثة** ……………………………………………………..🞏 . **إكرامية** …………………………..……...

🞎 **تاريخ الإصدار** :……………………………. **صلاحية التأشيرة حتي** ……………………….. **رقم التأشيرة**…………………

🞏 **ديباجة رقم** ………………………………… **مدة الإقامــــــــــــــــــة** ……………… **رقم الإيصال** …………………………

**‏‎ – Fax +08-6117782 E- mail : ‎Sudanstockholmvisa@gmail.com ‎ Stockholmsägen 33 – 181 33 Lidingö – Tel: +468-6117780 ‎‏ ‏**