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| **DEMANDE DE VISA**  **APPLICATION FOR VISA** |  |

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| Mlle  Mme  Mr | | | | | | | | nom :  lAST NAME : | | | | |  | | | | | | | | | | | | | | prénoms :  FIRST NAME | | | | | | | |  | | | |
| Né le :  Born the : | |  | | | | | | | | | | | | | | | | | | | Lieu :  Location : | | | | | | |  | | | | | | | | | | |
| Nationalité :  Nationality : | | | |  | | | | | | | | | | | | | | | | D’origine :  Original : | | | | |  | | | | | | | | | | | | | |
| Situation matrimoniale :  Marital Status : | | | | | | | | | | |  | | | | | | Nombre d’enfants :  Number of children : | | | | | | | |  | | | | | | | Ages d’enfants :  Age of children : | | | | | |  |
| Adresse au complète :  Full adress : | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Ville :  City : | | | |  | | |
| Province :  Province : | | |  | | | | | | | | | Pays :  Country : | | | |  | | | | | | | | | | | | | | | Code postal :  Postal code : | | | | | |  | |
| No téléphone :  Phone number : | | | | |  | | | | | | | | | | | | | | | E-Mail :  E-Mail : | | | | | |  | | | | | | | | | | | | |
| Profession :  Profession : | | | | |  | | | | | | | | | | | | | | | Situation militaire :  Military situation : | | | | | | | | | |  | | | | | | | | |
| Numéro de passeport :  Passport number : | | | | | | | | |  | | | | | | | | | | | | | | | Délivré le  Issued on : | | | | | | | | | |  | | | | |
| Par :  By : |  | | | | | | | | | | | | | | | | | | | | | | Valable jusqu’au :  Valid until : | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NATURE DU VISA / TYPE OF VISA** | | | | | | | | | | | | | | | | | |  | Visite officielle  Official visit (Attached diplomatic note) | | | | | | | | | | | | | | | | | | | |
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| Durée du séjour:  Duration of stay: | | | | | |  | | | | | | | | Motif du voyage :  Purpose of the trip : | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Avez-vous déjà résidé en République du Bénin pendant plus de trois mois sans interruption?  Have you already resided in the Republic of Benin for more than three months continuously? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Précisez à quelle date:  When (give exact date): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Attaches familiales en République du Bénin- Adresse précise (Fournissez le Nom et l’adresse précise) :  Have you any relations in the Republic of Benin (Give the name & full addresses, including street and street number): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom / Prénom:  Full name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adresse au complète :  Full adress : | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Références de la personne à contacter en cas d’urgence au Canada :  Références of the person to contact in the Canada in cas of emergency: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom / Prénom:  Full name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No téléphone :  Phone number : | | | | |  | | | | | | | | | | | | | | | E-Mail :  E-Mail : | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indication précise du lieu d’entrée en République du Bénin / State exact point of entry into the Republic of Benin : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indication de vos adresses exactes en République du Bénin pendant que vous y séjournerez :  State your full address, during your stay in the Republic of Benin: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Je déclare avoir donné des réponses exactes et complètes à toutes les questions de la présente demande.**  **I declare that I have answered all required questions in this application fully and truthfully.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| Signature du requérant  Signature of Applicant | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Date | | | | | | | | | |

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| **PIÈCES REQUISES :** |  |
| * **FORMULAIRE ;** * **ORIGINALE DU PASSEPORT ;** * **COPIE DES TROIS (03) PAGES DU PASSEPORT ;** * **DEUX PHOTOS** |  |