



Services

TRAVCOUR VISA & LEGALISATION SERVICES

WWW.TRAVCOUR-VLS.COM

02085431846

info@travcour-vls.com

89 The Broadway, London SW19 1QE

Service order form.

Please complete this form and return along with the documents listed on the check list.

Name of lead applicant:

Service Required: (please state what service you require and what country or visa type, visa, passport, legalisation).

Travel date & number of entries:

Contact details: (address including postcode, contact number & email. please also include return address if different).

Return of passport or document date & required method of postage(DHL, Royal mail Special delivery, Personal Collection, courier delivery):

Notes or requests:

Payment information:

Card Type:	
Name On Card:	
Card Number:	
Start Date:	
Expiry Date:	
Security Code:	
Issue Number: (If Applicable)	

For bank transfers please use your last name as your payment reference:

Account name: Travcour Visa & Legalisation Services Sort Code:30-99-50 Account Number:46460168

Signature:	Print Name:	Date:
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REPUBLIC OF RWANDA



NATIONAL INTELLIGENCE AND SECURITY SERVICE
DIRECTORATE GENERAL OF IMMIGRATION
AND EMIGRATION

VISA APPLICATION

Visa applied for: Transit / Tourist / Visitor's-Resident –Permanent Length of stay:

COLOURED
PHOTO

1. Given name(s)
(As shown in your passport)

2. Family name(s)
(As shown in your passport)

3. Other name(s) *(including other names*
You are known by and/or other names that you have been known by)

4. Gender: *put a tick (✓) in the relevant box*
Male Female

5. Date of Birth
Day Month Year

6. Place of Birth
District Country

7. Nationality of Birth

8. E-mail contact

9. Local Telephone contact

10. Passport No

11. Nationality of passport

12. Date of Issue of passport
Day Month Year

13. Expiry date of passport
Day Month Year

14. Profession

Occupation

15. Employer

16. Father's name

mother' name

17. Father's nationality

mother's nationality

18. Parent's address

19. Marital Status: *put a tick (✓) in the relevant box*

Married Widowed Divorced Never Married/single

20. Name of spouse

Spouse's nationality

21. Born at ; on
Day Month Year

22. Present address of spouse

23. Former visits or stay in Rwanda, and time of stay

24. Former stays in Africa, places, and dates

25. Reason for visa application

26. Proposed persons to be visited and their address:

27. Persons accompanying (children) *put a tick (✓) in the relevant box*

1. Name

2. Name

Gender: Male Female

Gender: Male Female

Date of birth:
Day Month Year

Date of birth:
Day Month Year

3. Name

4. Name

Gender: Male Female

Gender: Male Female

Date of birth:
Day Month year

Date of birth
Day Month Year

I hereby certify that all information is complete and correct

Signature

Done at,

on
Day Month Year

Do not write below this line, for official use only