REPOBLIKAN'I MADAGASIKARA
Fitiavana – Fahafahana – Fahamarinana

EMBASSY OF MADAGASCAR
Washington, D.C.
U.S.A.

Surname	**Photograph**
Maiden Name	
Name	2 x 2 inches (51 x 51 mm)
Date of birth	
Place and country of birth	

Current nationality	Nationality at birth
Marital status:	
Home address: Email : Telephone : (_____) _____ - _____	
Occupation	
Passport #	
Issued by	
Date of issuance	
Date of expiration	

Nature and length of stay
Purpose of the trip (circle applicable) Tourism — Business — Convention — Studies/Research
Final destination
Length of stay (check and circle applicable) ○ Short stay of _____days/month ○ One month Transformable for _____months/years
Number of requested entry (circle applicable)): One — Two — Three — Multiple

For official use only

Surname _____

Name_____

Visa #_____

Issuance date_____

Visa valid for_____

Permitted length of stay _____

Number of allowed entry _____

File reference_____

Names and surnames of the relatives travelling with you.	
If you are travelling for business, please provide the name and address of the correspondent you are to contact.	
If you are travelling to attend a convention or meeting, please indicate the name and address of the organizing party, and the date of said convention or meeting.	
If you are travelling for the purpose of training, research or studies, please indicate the name and address of the sponsoring entity, and the duration for the training, research or studies.	
Have you ever visited Madagascar before? If yes, for what purpose, when and how long did you stay?	
Have you ever lived in Madagascar for more than three months straight? If yes, please indicate the dates and place(s).	
Name and address of reference in the U.S.A.	
Name and address of reference in Madagascar.	
Date and port of entry in Madagascar: Means of transportation:	Date and port of departure from Madagascar: Means of transportation:
Your address(es) in Madagascar	

IMPORTANT:

I agree to accept no paid or "au pair" position during my stay in Madagascar, not to settle down definitely in the country, and to leave the Malagasy territory upon the expiration of my visa.

By signing this application, I certify that all the above statement is true; and in case of incorrect declaration or falsification on my part, I understand that, in addition to any penalties imposed by Law, I would be unable to receive any Malagasy visa in the future.

For official use only

Avis du Chef de poste :

Place_____ **Date**_____

_____

Signature

Visa will only be issued when the application is dully filled out, dated and signed. With the exception of the passport, vaccination certificate and airline ticket, all other supporting documents will not be returned to the applicant.