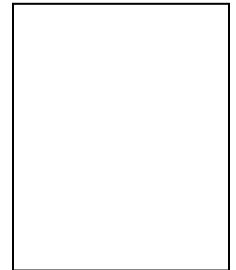




**Republic of Angola**  
**Consulate General of the Republic of Angola**  
**Houston, Texas**  
**U.S.A.**

3040 Post Oak Blvd., Suite 780  
Houston, Texas 77056

Tel: 713-212-3840  
Fax: 713-212-3841



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**VISA REQUEST**

TRANSIT

SHORT-STAY

TOURIST

ORDINARY

Name: \_\_\_\_\_

Marital Status:

Gender:

D.O. Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Nationality of origin: \_\_\_\_\_

Current Nationality: \_\_\_\_\_

Passport # \_\_\_\_\_

Issued in: \_\_\_\_\_ on: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Profession: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Employer/Workplace: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's nationality: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's nationality: \_\_\_\_\_

Place of lodging in Angola: \_\_\_\_\_

City \_\_\_\_\_ Street address: \_\_\_\_\_ House# \_\_\_\_\_

Name of Person or Company who will be responsible for your stay: \_\_\_\_\_

Province: \_\_\_\_\_ Municipality: \_\_\_\_\_ Suburb: \_\_\_\_\_

Street address: \_\_\_\_\_ House# \_\_\_\_\_

Date of entry in Angola: \_\_\_\_\_ Frontier point entered: \_\_\_\_\_

<b>Minors endorsed in your passport who will benefit from the visa</b>		
1. Name: _____	Born on _____	Relationship: _____
2. Name: _____	Born on _____	Relationship: _____
3. Name: _____	Born on _____	Relationship: _____

Name of Person or Entity requesting the visa: _____
-----------------------------------------------------

<b>TO BE COMPLETED BY THE APPLICANT OF THE TRANSIT VISA</b>
-------------------------------------------------------------

Country of Destination: \_\_\_\_\_

Date of Arrival in Angola: \_\_\_\_\_

Carrier you will be travelling on out of Angola: \_\_\_\_\_

Do you have a: Entry visa  or Residency permit  for the country of destination?

Number: \_\_\_\_\_ Valid until \_\_\_\_\_

<b>TO BE COMPLETED BY THE APPLICANT OF THE TOURIST VISA</b>
-------------------------------------------------------------

Name of Person or Company to contact in Angola: \_\_\_\_\_

Purpose of visit:                      Leisure                        
                                                 Sports Event                        
                                                 Cultural                     

Activities to be performed: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Date of entry in Angola: \_\_\_\_\_ Frontier point entered: \_\_\_\_\_

**TO BE COMPLETED BY THE APPLICANT OF THE SHORT-STAY VISA**

Name of Person or Company to contact in Angola: \_\_\_\_\_

Reason for requesting a visa: \_\_\_\_\_

Full address in Angola: \_\_\_\_\_

Date of entry in Angola: \_\_\_\_\_ Frontier/Point of entry: \_\_\_\_\_

Date of departure from Angola: \_\_\_\_\_

ADDITIONAL INFORMATION	YES	NO
- Did you ever travel to Angola before?	<input type="checkbox"/>	<input type="checkbox"/>
- Were you ever granted a residence permit card?	<input type="checkbox"/>	<input type="checkbox"/>
- Did you ever obtain a work visa?	<input type="checkbox"/>	<input type="checkbox"/>
- Were you ever denied entry into Angola?	<input type="checkbox"/>	<input type="checkbox"/>
- Were you ever expelled from Angola?	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	_____	
	<b>SIGNATURE OF APPLICANT</b>	

**FOR OFFICIAL USE ONLY**

Opinion of the Head of the Consular Mission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Head of Consular Mission

Date \_\_\_\_\_

\_\_\_\_\_

**LEGIBLE SIGNATURE**