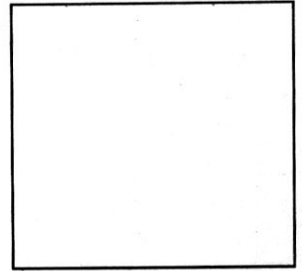


EMBASSY OF BURKINA FASO
F-2/4 VASANT VIHAR NEW DELHI-110057
TEL:26140641/42
FAX:26140630



VISA APPLICATION

(TO be filled in Capital Letters/duplicate)

1.Name and surname.....

2.Father's/husband's name.....

3.Sex M F:.....

4. Date and place of birth.....

5.Nationality.....

6. Type of Passport Ordinary Official Diplomatic

7.Passport Number..... Place of issue..... Date of issue.....
Valid until.....

8.Permanent address.....
email..... Mobile.....

9.Profession..... 10. Employer.....

11.Professional Address.....

12. Main Destination..... 13. Previous stay in Burkina Faso.....

14.Purpose of stay Tourism Business Other
 Family Conference Transit

15.Sponser's Name & address.....

16.Address during stay.....

17. Visa requested for 3 month single 3 months multiple
 6 months single 6 months multiple

18. Date of Departure..... 19.Date of arrivel in Burkina faso.....by
Flight Road Train

20.Means of Support during stay Cash Travelers cheque Credit Card

21.Any other information:.....

Place : Approval Signature of applicant

Visa No...../ABFI/AMB/CA