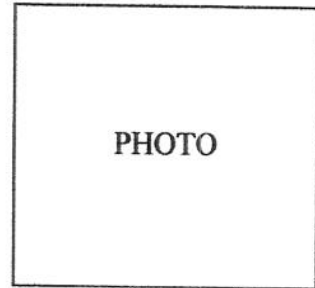


Sample



AMBASSADE DE LA REPUBLIQUE DU MALI AUX ETATS UNIS
2130 R STREET N.W. WASHINGTON D.C. 20008.
TEL: 202 332 22 49 FAX: 202 332 66 03

DEMANDE DE VISA D'ENTREE AU MALI
MALI VISA APPLICATION FORM

NOM /
LAST NAME: DOE

PRENOM /
FIRST AND MIDDLE NAMES: RALPH GEORGE

DATE DE NAISSANCE /
DATE OF BIRTH: 04-09-1929

LIEU DE NAISSANCE /
PLACE OF BIRTH: GARDEN CITY, MI

NATIONALITE /
CITIZENSHIP: USA

PROFESSION /
OCCUPATION: LAWYER

LIEU D'EMPLOI /
EMPLOYER'S ADDRESS: 38329 8 MILE RD, Novi

48353

SAMPLE.

ADRESSE PERMANENTE /

PERMANENT ADDRESS: 53639 BEAVER RD, Troy 48553

TELEPHONE /

Phone Number 810-587-8001

FAX /

Fax 810-587-0003

EMAIL: GET ON BOARD @ KINGDOM TRAIN.COM

MOTIF DU VOYAGE /

PURPOSE OF THE TRIP: _____

DATE A D'ENTRÉE /

DATE OF ARRIVAL: June 10, 2006

DUREE DU SEJOUR /

LENGTH OF STAY: 2 weeks

TYPE DE VISA /

TYPE OF VISA

3 MONTHS SINGLE ENTRY

6 MONTHS MULTIPLE ENTRIES

3 MONTHS MULTIPLE ENTRIES

1 YEAR MULTIPLE ENTRIES

NO DU PASSEPORT /

PASSPORT NO: 835835835

DELIVRE LE /

ISSUED ON: 06-25-2000

EXPIRE LE /

EXPIRE ON: 06-26-2010

SIGNATURE: Ralph George Doe

RESERVE AUX AUTORITES MALIENNES

NATURE DU VISA:

NUMERO DU VISA:

DATE: