

10i. Sex	ii. Colour of Hair	iii. Height	v. Colour of Eyes
M <input type="checkbox"/> F <input type="checkbox"/>			

iv. Complexion	vi. Identification Marks

11. Marital Status
 Married Single Separated Divorced Widowed

12. Have you ever applied for a Guyana Visa before? If "Yes":
 Where When DD MM YY

13. Who will furnish financial support?

14. With whom will you stay in Guyana?

15. The address at which you will stay in Guyana

16. What is the purpose of your visit?	17. Have you visited Guyana before?
<input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

18. Do you intend to work in Guyana	19. If on business, name and address of firm etc.
YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>
	<input type="text"/>

20 i. Have you ever:

(a) been afflicted with contagious diseases (e.g. tuberculosis) or serious mental illness?	YES	NO
(b) been arrested, convicted for any offence or crime even though subject of a pardon, amnesty or other legal action?	YES	NO
(c) been involved in narcotic activities?	YES	NO
(d) been deported from Guyana in the last five years?	YES	NO
(e) sought to obtain a visa by misrepresentation or fraud?	YES	NO

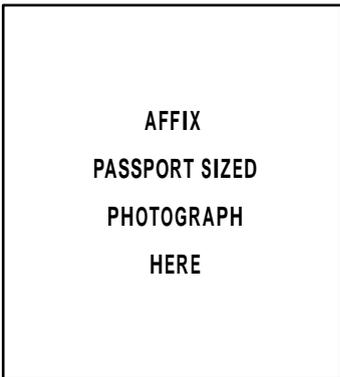
ii. If yes to any of the above please give details

21. WHEN ARE YOU DUE TO ARRIVE IN GUYANA?	22. HOW LONG DO YOU INTEND TO STAY?
DD <input type="text"/> MM <input type="text"/> YY <input type="text"/>	<input type="text"/> MONTHS <input type="text"/> DAYS

I certify that I have read and understood all the above questions and the answers I have given on this form are true and correct to the best of my knowledge and belief. I understand that possession of visa does not entitle the bearer to enter Guyana at a port of entry if he/she is found inadmissible.

SIGNATURE OF APPLICANT

DATE DD MM YY



Note: Failure to disclose the purpose of applying for a visa or the submission of false information will result in refusal of entry or expulsion from Guyana.