



PASSENGER INFORMATION

FIRST NAME			
SURNAME			
DATE OF BIRTH			
NATIONALITY			
PREVIOUS NATIONALITY IF APPLICABLE			
CITY AND COUNTRY OF BIRTH			
OCCUPATION/JOB			

PASSPORT INFORMATION

PASSPORT NUMBER			
PLACE OF ISSUE			
DATE OF ISSUE			
EXPIRY DATE			

VISA TYPE

NUMBER OF ENTRIES (please tick the box for your choice)

30 dayss - 1 single entry	<input type="checkbox"/>
30 jours - Multiple entries	<input type="checkbox"/>
90 days - Multiple entries	<input type="checkbox"/>

PASSENGER DETAILS

HOME ADDRESS			
REGION			
MOBILE PHONE NUMBER			
EMAIL ADDRESS			

INFORAMTION ON YOUR STAY IN BENIN

DATES (in & out) OF YOUR FORMER STAY IN BENIN (if applicable)			
REASON FOR YOUR STAY			
ARRIVAL DATE IN BENIN			
ARRIVAL AIRPORT IN BENIN			
DEPARTURE AIRPORT IN BENIN			
DETAILED ADDRESS DURING YOUR STAY IN BENIN			

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