

Mali Tourist visa Application



IMPORTANT: Please enter your contact information

Name:

E-mail:

Tel:

Mobile:

The latest date you need your passport returned in time for your travel:



Mali tourist visa checklist

- Filled out and signed Mali tourist visa application form.** The form is enclosed.
- Original passport.** Passport must have at least 6 months remaining validity and have at least 1 visa page.
- 2 Photographs.** Standard passport photographs 2 x 2 inches on white background.
- Payment.** Credit Card Authorization form, Certified Check, or Money Order payable to VisaHQ.com.
- Return mailer.** Prepaid self-addressed return label or payment for FedEx.

! If you wish to prepay return shipping, please add the shipping fee to the total and provide the return shipping address:

- FedEx 2nd day delivery - add \$15
- FedEx Standard Overnight - add \$20
- FedEx Priority Overnight - add \$25
- FedEx Saturday delivery - add \$45
- FedEx First Overnight - add \$65

Name:

Company:

Address:

City:

State:

Zip:

- Itinerary.** Copy of round trip tickets or confirmed itinerary.
- Yellow Fever Vaccination** Copy of International Certificate of Vaccination for Yellow Fever.
- Hotel Reservations.** Copy of confirmed hotel reservations.

Mali tourist visa fees for citizens of United States

Type of visa	Max. validity	Embassy fee	Our fee	Processing time	Total
Multiple Entry	up to 1825 days	\$131.00	\$44.95	5 business days	\$175.95
Multiple Entry	up to 1825 days	\$141.00	\$59.95	3 business days	\$200.95
Multiple Entry	up to 1825 days	\$151.00	\$69.95	Next Business Day	\$220.95
Multiple Entry	up to 1825 days	\$181.00	\$99.95	Same Day	\$280.95

Credit Card Authorization Form

I authorize VisaHQ.com to charge my credit card for the amount of \$

Name on the Credit Card:

Credit Card number: - - - Exp. date: /

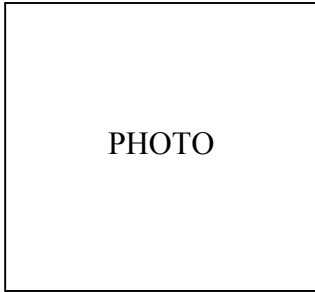
Credit Card Billing Address:

Signature:

Comments:

Thank you!
We accept all major credit cards.





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: _____

PRENOM /
FIRST AND MIDDLE NAMES: _____

DATE DE NAISSANCE / _____
DATE OF BIRTH

LIEU DE NAISSANCE /
PLACE OF BIRTH: _____

NATIONALITE /
CITIZENSHIP: _____

PROFESSION /
OCCUPATION: _____

LIEU D'EMPLOI /
EMPLOYER'S ADDRESS: _____

ADRESSE PERMANENTE /
PERMANENT ADDRESS: _____

TELEPHONE /
Phone Number _____

FAX /
Fax _____

EMAIL: _____

MOTIF DU VOYAGE /
PURPOSE OF THE TRIP: _____

DATE A D'ENTRÉE /
DATE OF ARRIVAL: _____

DUREE DU SEJOUR /
LENGTH OF STAY: _____

TYPE DE VISA/ 3 MONTHS SINGLE ENTRY 3 MONTHS MULTIPLE ENTRIES
TYPE OF VISA 6 MONTHS MULTIPLE ENTRIES 1 YEAR MULTIPLE ENTRIES

NO DU PASSEPORT /
PASSPORT NO: _____

DELIVRE LE /
ISSUED ON: _____

EXPIRE LE /
EXPIRE ON: _____

SIGNATURE: _____

<p>RESERVE AUX AUTORITES MALIENNES NATURE DU VISA: NUMERO DU VISA: DATE:</p>
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