

FOR OFFICIAL USE ONLY

Visa No. _____
Type of Visa _____
Date of Issue _____
Charges _____
Signature of Issuing Officer _____

PLEASE CHECK APPLICABLE BOX

- Single Entry \$60
- Multiple Entry \$100
- Single Entry (RUSH) \$100
- Multiple Entry (RUSH) \$200

**** In addition to the visa application fee(s), a processing fee of \$65 per person is assessed by the Honorary Consulate.**

**AFFIX
PASSPORT
PICTURE
HERE**

**Rush Visas:
7-10 business days
to process.**

**Non-Rush Visas:
10-21 business days
to process.**



**Application for Ghana Entry Permit/Visa
Honorary Consulate of Ghana, Arkansas / Delta Region USA**

1323 Broadway Street, Little Rock, Arkansas 72202 / Tel: +001 (501) 260-7253 / Tel: +001 (501) 944-1178 / Web: ghanaconsulatear.org

Application: Version 02242025

Follow this Application's Instructions (if you fail to comply, your application will be returned)

1. This form must be completed in black or blue ink with all capital letters and submitted with (2) passport size pictures (white or off-white back ground , 2" x 2").
2. Full names and addresses of two references, email, hotel name, address, and telephone number must be submitted.
3. Any information stated on this form found to be incorrect will render your application void and all fees paid are non-refundable.
4. **Applicants applying by mail must provide a Self-Addressed-Stamped envelope from : US PRIORITY Mail, FedEx or UPS.**
5. As a matter of caution, refer to the travel advisory for pertinent information relevant to COVID for entry into Ghana.
6. **A valid passport (not expiring within 6 months) must be forwarded with your application. Refer to the Tourist Visas details on the website for children under the age of 18.**
7. **This application must be filled out in its entirety inclusive of date and signature or it will be returned.**
8. Payments must be made by Money Order or Cashier's Check and must be fully filled out and signed or they will be rejected. NO cash or personal checks will be accepted .
9. Visa application fee payment(s) must be made individually (they can not be combined) and are payable to: EMBASSY OF GHANA.
10. **The \$65.00 processing fee payment(s) can be made to: Ghardelta Consulate Support Services OR ZELLE Electronically at 501-944-1178 (attach proof of Zelle payment).**
11. Keep track of your shipping tracking numbers for both the sent and return packages.

Please mail completed visa application to the following address:

Honorary Consulate of Ghana / 11415 Huron Lane #22520 / Little Rock, Arkansas 72211-1848

1. (a) Surname _____ First Name(s) _____
Previous Name (if applicable) _____ Single Married
(b) Date of Birth _____ c) Place of Birth _____
(d) Nationality _____ e) Former Nationality (if any) _____
(f) Passport No. _____ g) Date of Issue _____
(h) Place of Issue _____ (i) Date of Expiration _____
2. (a) Professional Occupation _____ (b) Business Name _____
(c) Business Address _____ (d) Business Tel. No. _____
3. (a) Residential Address _____
(b) Mailing Address if Different _____
(c) Email _____ (d) Home Tel. No: _____ (e) Cell No. _____
4. (a) Proposed Date of Travel from the U.S. _____ (**Please attach actual or proposed travel itinerary**)
(b) Purpose of Trip: Business Tourism Employment Student Family Visit/Vacation Other (Specify) _____
(c) Traveling by: Air Sea (d) Financial means at applicant's disposal _____
5. Two (2) in-Ghana references (people) are required (OR **confirmed hotel reservation**: name, address, digital address, telephone number and email):
(1) Name _____ Tel No. _____ Email _____
Address _____ Digital Address _____
(2) Name _____ Tel No. _____ Email _____
Address _____ Digital Address _____
(Please attach an invitation letter from the host and include a copy of their Ghana Card or Ghanaian Passport)
6. If for employment, (a) Company Name _____ (b) Company Tel no. _____
7. (a) Duration of Stay in Ghana _____ (b) Date of Last Visit to Ghana (if applicable) _____
8. (a) Applicant's Signature _____ (b) Date of Application _____