



RWANDA

Visa Requirements:

- ! Signed Passport valid for six months with at least one blank visa page.
- ! One visa application forms completed and signed.
- ! Two passport sized photos 2" x 2" ONLY.
- ! Valid Health Certificate- Yellow fever
- ! Signed letter stating purpose for traveling/or invitation letter or ticket/hotel booking.
- ! A letter of Financial Responsibility from your company in the U.S. (For business visa).
- ! Copy of your Green Card (For Non-U.S. Citizens).

Processing Fees:

Processing Time:	American Visa of DC Fee	Embassy Fee	FedEx Shipping Fee	TOTAL
8 - 14 Business Days Single Entry:	\$65	\$60	\$30	\$155
4 - 7 Days Single Entry:	\$95	\$90	\$30	\$240
Four Days Multiple Entry:	\$65	\$90	\$30	\$210
Two Days Multiple Entry:	\$95	\$120	\$30	\$270

- ! Please add \$15 for all applications submitted that are for Non U.S. citizens. Embassy Fees are payable by Money Order we have added \$25 to the above totals unless it's provided.

Validity of Visas:

- ! Tourist and Business visas are valid for 3 months for stays of 30 days.

Jurisdiction:

- ! All states can be processed in Washington, DC.

Payment Options:

- ! Payment may be made by personal or company check, money order or by credit card (American Express, Master Card, Visa or Discover Card).

1801 Columbia Rd, NW #205, Washington, DC 20009

Tel: 202-462-5908 Fax: 202-387-5430

Email: info@americanvisadc.com

www.americanvisadc.com



EMBASSY OF RWANDA
 1714 New Hampshire Ave., NW
 Washington D.C. 2009
 Tel:202-232-2882/3/4
 Fax: 202-232-4554

Attach
 Photo
 Here

Visa Application Form

1. Visa applied for: Transit Business: Tourism: Other:
2. Date of entrance: No. of entries: Length of stay:
3. Surname:..... Forenames:.....
4. Date and place of birth:
5. Nationality at birth:
6. Marital status: Single: Married: Divorced:
7. Name of spouse:..... Nationality:
8. Date and place of birth of spouse:
9. Applicant permanent address:
10. Occupation:
11. Employer and address:
12. Telephone: Office: Home: E-mail:
13. Passport number:
14. Name of the institution that issued the passport:
15. Date of issue: Date of expiry:
16. Mother's maiden name:
17. Date of your last visit to Rwanda:
18. Reason for your present journey:
19. Address, telephone/fax contact during your stay in Rwanda:

20. Names of children accompanying	D.O.B	Gender
.....
.....

I hereby confirm that all information provided is correct to the best of my knowledge.

Signature:..... Date:.....

Please do not write below this line (Official use only)

Visa no: Valid from: To: No. of entries:

Date of issue: Receipt no: Signature: