

The Embassy of the Kingdom of Morocco  
New Delhi

**APPLICATION FORM FOR ENTRY VISA  
TO THE KINGDOM OF MOROCCO**

PHOTO

<b>FOR OFFICIAL USE ONLY :</b>	
1.NAME	
2.LAST NAME	
3.DATE OF BIRTH	
4.PLACE AND COUNTRY OF BIRTH	
5.CITIZENSHIP(S)	6.CITIZENSHIP OF ORIGIN
7.GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	8.FAMILY STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW <input type="checkbox"/> OTHERS
9. FULL NAME OF FATHER	10. FULL NAME OF MOTHER
11. PASSPORT TYPE <input type="checkbox"/> NATIONAL <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> SEAMEN <input type="checkbox"/> OTHERS (SPECIFY).....	
12. PASSPORT NUMBER	13. ISSUING AUTHORITY
14. DATE OF ISSUE	15. DATE OF EXPIRATION
16. OCCUPATION	
17.MAIN DESTINATION	18. VISA TYPE <input type="checkbox"/> AIRPORT TRANSIT <input type="checkbox"/> TRANSIT <input type="checkbox"/> SHORT STAY
19. NUMBER OF ENTRIES REQUESTED <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE	20. DURATION OF STAY REQUESTED .....
21.PURPOSE OF TRAVEL <input type="checkbox"/> TOURIST <input type="checkbox"/> STUDY <input type="checkbox"/> OFFICIAL <input type="checkbox"/> CULTURE/SPORT <input type="checkbox"/> WORK <input type="checkbox"/> FAMILY <input type="checkbox"/> BUSINESS <input type="checkbox"/> MEDICAL REASONS <input type="checkbox"/> OTHERS (SPECIFY)	
22. OTHER MOROCCAN VISAS (ISSUED DURING LAST 3 YEARS) AND THEIR VALIDITY.	
23. IN CASE OF TRANSIT, HAVE YOU GOT AN ENTRY TO THE COUNTRY OF FINAL DESTINATION	

<b>24. DATE OF ARRIVAL</b>	<b>25. DATE OF DEPARTURE</b>															
<b>26. FIRST PORT OF ENTRY</b>	<b>27. TRANSPORTATION MEANS</b>															
<b>28. NAME OF THE HOST OR THE HOST COMPANY ( OTHERWISE HOTEL BOOKING OR TEMPORARY ADDRESS IN MOROCCO)</b> FULL NAME- TELEPHONE- FAX- FULL ADDRESS- E-MAIL -																
<b>29. WHO FINANCES YOUR TRIP AND STAY ?</b> <input type="checkbox"/> MYSELF <input type="checkbox"/> HOST <input type="checkbox"/> HOST COMPANY (PROVIDE JUSTIFYING DOCUMENTS)																
<b>30. FINANCING MEANS USED DURING THE STAY</b> <input type="checkbox"/> CASH <input type="checkbox"/> TRAVEL CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> ACCOMODATION CERTIFICATE <input type="checkbox"/> OTHERS (SPECIFY) <input type="checkbox"/> TRAVEL INSURANCE VALID UNTIL .....																
<b>31. CHILDREN(MANDATORY APPLICATION FOR EVERY PASSPORT)</b> <table border="0"> <thead> <tr> <th>NAME</th> <th>LAST NAME</th> <th>DATE OF BIRTH</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> </tbody> </table>		NAME	LAST NAME	DATE OF BIRTH	1.			2.			3.			4.		
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1.																
2.																
3.																
4.																
<b>32. ADDRESS OF APPLICANT</b>	<b>33. TELEPHONE NUMBER</b>															

I CERTIFY THAT I HAVE REVIEWED THE STATEMENTS MADE IN THIS APPLICATION AND THAT THEY ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. BY PUTTING MY SIGNATURE ON THIS APPLICATION NOT ONLY DO I ASSUME MY RESPONSIBILITY AND MAKE MYSELF LIABLE TO PROSECUTION PROVIDED FOR BY THE LAW IN CASE OF FALSE STATEMENT BUT ALSO I SHALL FIND MYSELF IN THE INCAPACITY OF OBTAINING ANY FURTHER VISA I SHALL APPLY FOR

DATE.....  
 SIGNATURE (FOR MINORS SIGNATURE OF THE GARDIANS)