



SO Travel Ghana LTD ✈️

Tel: 0240527900 - 0509991046 - 0577332544

P.O Box X 145 FNT Kumasi Email : info@sotravelgh.com
www.sotravelgh.com sotravelgh@gmail.com

Application form

Passport
Photo

1. Full Name _____
2. Date of Birth _____
3. Country of Birth _____ 4. Nationality _____
5. Passport Number _____ 6. Phone Number _____
7. Residential Address _____

8. Marital Status

- Single Married Divorced
 Widower
 Other (Specify) _____
Gender Male Female

9. Destination Visa

10. Type of visa

- _____
- Visit Tour Official Work
 Study Permanent Residence

11. Physical / Health Condition

- Deaf Blind Other (Specify)

12. Purpose of trip

- Tourism Business Medical Reason Sports Cultural
 Visiting Family and Friends Postgraduate Undergraduate Diploma
 Short Course Summer School

Date _____

Signature _____