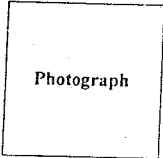




Office of the Honorary Consul
of the Republique du Benin

Visa No. _____



VISA FORM

Full Name (Block Letters) : _____

Address : _____
: _____
: _____

Nationality : _____

Date of Birth : _____

Passport No. : _____

Date of Issue : _____

Date of Expiry : _____

Place of Issue : _____
: _____

Purpose of Visit & Duration of Stay. : _____

(SIGNATURE)