

**EMBASSY OF
THE DEMOCRATIC REPUBLIC OF THE CONGO**

1726 M Street, NW
Suite 601
Washington, D.C. 20036
Tel.: (202) 234-7690 / 91
Fax: (202) 234-2609

VISA REQUIREMENTS

All applicants for a visa to the DRC are required to submit the following:

1. A valid Passport (for at least six months of validity remaining)
2. Two (2) application forms properly completed, dated and signed by the traveler.
3. 2 recent passport photos with the applicant facing the camera.
4. A copy of the "Green Card" or I-94 for non US citizens
5. A copy of an International Certificate of Vaccination showing immunization against yellow fever
6. A copy of the travel itinerary from an authorized travel agent
7. A letter from the company assuming all financial responsibilities for the traveler
8. An invitation letter notarized in the DRC.
9. A prepaid mailing envelope for return : Express Mail (United States Postal Service)

NB: Congolese nationals with dual citizenship are not required to present an invitation.

The Embassy reserves the right to deny visas to all requests it deems incomplete or unclear.

VISA CATEGORIES & FEES

(T/S) One-way transit visa	\$ 20	(T/R) Return / two-ways transit visa	\$ 40
(M/S) One entry for one month	\$ 115	(M/M) Multiple entry for one month	\$ 155
(2M/S) One entry for two months	\$ 150	(2M/M) Multiple entries for two months	\$ 200
(3M/S) One entry for three months	\$ 200	(3M/M) Multiple entries for three months	\$ 250
(6M/S) Single entry for six months	\$ 300	(6M/M) Multiple entries for six months	\$ 400

The fees are waived for diplomatic or official visas.

Payment method : MONEY ORDER, CERTIFIED CHECK OR COMPANY CHECK

Payable to the order of : EMBASSY OF THE DEMOCRATIC REPUBLIC OF THE CONGO

All requests for non immigrant visas must be sent to:

**The Embassy of the Democratic Republic of the Congo
1726 M Street, N.W
Suite 601
Washington, D.C. 20036**

Office hours: Monday to Friday 9 AM to 5 PM except on holidays.

Processing time: 3 days for regular passports

1 day for Diplomatic or Official passports

Note : WE NO LONGER PROCESS SAME-DAY VISAS (RUSHED SERVICE)



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1726 M Street, NW. Suite 601, Washington, DC 20036

Phone: (202) 234-7690/91 Fax: (202) 234-2609



VISA APPLICATION FOR SHORT STAY

REQUIREMENTS

- | | |
|---|---|
| ☐ 6+ month valid passport | ☐ Airline ticket |
| ☐ Company letter | ☐ Residence card |
| ☐ Notarized Invitation from contact in the DRC | ☐ Vaccination Certificate |
| ☐ Two photo IDS | ☐ Payment by money order or company check ONLY |

CHOOSE VISA CATEGORY

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| ☐ M/S | ☐ M/M | ☐ 2M/S | ☐ 2M/M |
| ☐ 3M/S | ☐ 3M/M | ☐ 6M/S | ☐ 6M/M |

PLEASE PRINT OR TYPE IN THE SPACES PROVIDED

1. Passport number	2. Issuing authority	3. Issuance date (day/month/year) / /	4. Expiration date (day/month/year) / / 20
5. Names (as in passport) First	Middle	Last	Others
6. Place of Birth City and state	Country	7. Date of Birth (day/month/year) / /	8. Nationality (origin)
9. Gender: ☐ Male ☐ Female	10. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated		
11. Spouse's information (even if separated or divorced): First name: Last name:		Date and place of birth / /	Nationality
12. Present address (street, city, province or state, postal code, country)		13. Duration at this address Years Months	
14. Telephone numbers Home: Fax: Business: Business fax: Mobile/Cellular:			
15. Name of employer or school	16. Present address of employer or school (street, city, province or state, postal code, country)		
17. Telephone:	18. Fax:	19. Present occupation / Profession	

20. Names of the person in the DRC* who you will be staying with:			
First	Last	Others	Relationship
21. Hotel name (if applicable)		22. Address in the DRC (street, city, province or state)	
23. Telephone numbers			
Home	Fax	Business	Mobile
24. Purpose of current trip to the DRC*		25. Length of stay in the DRC* (in days)	
26. Have you ever been in the DRC*? (start with your latest trip on the bottom of this page or use additional pages if needed)			
☐ Yes	If yes, when?	For how long?	Port of entry:
☐ No			
27. Father's information			
First name	Last name	Middle or other names	Nationality
28. Mother's information			
First name	Last name	Middle or other names	Nationality
Applicant's signature:			

Please write in the space below any additional information that could not fit in the space provided on the form. Make sure to identify by number the information you are referring to. Use additional pages as needed.



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