



EMBASSY OF THE REPUBLIC OF MADAGASCAR
2374 MASSACHUSETTS AVENUE. NW.
WASHINGTON. D.C. 20008

TELEPHONE (202) 265-5525 • FACSIMILE (202) 265-3034 • EMAIL: malagasy.embassy@verizon.net

Effective Monday JUNE 03, 2009

APPLICATION REQUIREMENTS FOR MALAGASY VISAS

Visa allows entry in Madagascar within six months from the date of issue.

1-SHORT-TERM VISA: (Stay up to 90 days).

Issuance of the Visa takes 48 hours and requires the following:

- A valid passport duly signed with at least 6 month validity
- One application form duly filled out and signed
- One passport photograph taken no longer than 3 months.

A non-standard photo and copies of current passport photo will not be accepted.

Fee:

For a diplomatic and official visa

- stay up to 90 days, three entries: **free**

For a tourist visa

- stay up to 30 days, single entry: **free** (issued at the airport)
- stay up to 60 days, one or two entries: **\$84.00**
- stay up to 90 days, two or three entries: **\$ 120.00**

A printout from a travel agency on agency letterhead showing a round-trip ticket or an itinerary (with traveler's name) is required.

For a Business Visa:

- stay up to 30 days, single entry: **\$120.00**
- stay up to 60 days, two entries: **\$120.00**
- stay up to 90 days, two or three entries: **\$ 120.00**

A letter or recommendation from a business or similar organization willing to assume financial responsibility for the traveler is required.

For a missionary visa: **\$60.00** (need a letter of recommendation)

For a student visa (SIT): **\$60.00** (need a letter of recommendation from the host University in Madagascar)

PLEASE CALL THE EMBASSY FOR ADDITIONAL INFORMATION ABOUT OTHER SHORT TERM VISAS (MEDICAL VISIT, SCIENTIFIC REASEARCH, YACHT, FILMING, CRUISE...)

2-LONG-TERM VISA is issued in Madagascar by the Ministry of Interior.

A one month transformable and extendable visa (extendable into a longer term visa) can be issued by Malagasy Embassies or by the Ministry of Interior (by mail), in order to enable the applicant to finalize his/her dossier in Madagascar at the Ministry of Interior. In his/her request, the applicant should clearly specify that he or she applies for the one month visa for the purpose of obtaining a long-

term visa in Madagascar. **Fee for one month extendable visa: \$ 120.00**

PLEASE CALL THE EMBASSY FOR ADDITIONAL INFORMATION ABOUT DIFFERENT LONG TERM VISAS (BUSINESS, WORKERS, RELIGIOUS, SAILORS, FAMILY VISITS, RETIREES, STUDENTS, SCIENTIFIC RESEARCH, INVESTORS....).

3-PAYMENTS:

CASH, CERTIFIED CHECKS OR MONEY ORDERS payable to the Embassy of Madagascar are the only accepted form of payment.

SORRY NO PERSONAL CHECK

IF THE PASSPORT IS TO BE RETURNED BY MAIL, A SELF-STAMPED ENVELOPE FOR EXPRESS MAIL OR FEDEX MUST BE SENT IN ADDITION TO THE APPLICATION FEE.

(*) Visa fees are subject to change based on exchange rate, without prior notice.

4-MAILING ADDRESS: Embassy of Madagascar – Consular Office
2374 Massachusetts Avenue NW
Washington, DC 20008

NB: With the exception of the passport, vaccination certificates, and airline tickets, documents submitted along with a visa application cannot be returned to the applicant under any circumstances. **Visas can be issued only when application forms are completed and signed.**

INTERNATIONAL CERTIFICATES OF VACCINATION REQUIRED FOR ENTRY IN MADAGASCAR

1- YELLOW FEVER VACCINATION

Vaccination required for travelers of one year of age and older, when coming from (or having transited through) an infected area. The certificate should be valid for a period of ten years beginning:

- ten days after the vaccination date, or
- the same day in the case of revaccination during the initial ten-year period.

2- CHOLERA:

Vaccination recommended for travelers of over six months of age, when coming from an infected area. The certificate should be valid for a period of six months beginning:

- six days after the vaccination date, or
- the same day in the case of revaccination during the initial six month period.

3- HEPATITIS A:

Hepatitis A is usually benign. We suggest international travelers to get their vaccination for a better protection.

4- MALARIA:

We recommend International travelers to consult their physician for proper prevention. Risk of Malaria all year long in the country.

REPOBLIKAN ' i MADAGASIKARA
Tanindrazana - Fahafahana - Fahamarinana

NOM de FAMILLE: (Last name)	Veuillez coller ici votre photographie (Please affix your photograph here)
NOM DE JEUNE FILLE: (Maiden Name)	
PRÉNOMS: (First and Middle Name)	
NÉ LE: (Date of Birth)	
NÉ À: (Place of Birth)	

NATIONALITÉ: (Present nationality)	NATIONALITÉ D'ORIGINE: (Previous nationality)
SITUATION DE FAMILLE: (Family Status)	
DOMICILE HABITUEL: (Home address)	
RÉSIDENT ACTUELLEMENT À: (Present address)	
PROFESSION OU QUALITÉ: (Occupation or title)	
SPÉCIALISATION ÉVENTUELLE: (Present specialization)	
TITRE SCIENTIFIQUES: (Scientific qualifications)	

NUMÉRO DE PASSEPORT (Passport Number)
DÉLIVRÉ LE: (Date of issue)
DÉLIVRÉ PAR: (Issued by)
VALABLE JUSQU'AU: (Valid until)

NATURE ET DURÉE DU VISA SOLlicitÉ (Type and Length of Requested Visa)	
TRANSIT À DESTINATION DE (Country to which proceeding, if only transiting through Madagascar)	
ALLER-RETOUR AVEC ARRÊT DE	JOURS
(Round-trip with stopover for	days)
COURT SEJOUR DE	JOURS
(Short stay for	days)
VALABLE DU:	AU:
(Valid from)	(To)
NOMBRE D'ENTRÉES:	UNE DEUX
(Number of Entries)	one two
MOTIF DU VOYAGE:	TOURISME AFFAIRES CONGRES ETUDES
(Reason for trip)	tourism business convention studies

EMPLACEMENT RÉSERVÉ À L'ADMINISTRATION
(For official use only)

Nom:

Prénoms:

No. du visa:

Date de délivrance:

Délai d'utilisation:

Durée du séjour autorisée:

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Nombre d'entrées autorisées:

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Référence de l'autorisation:

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Visas can be issued only when application form is completely filled out and signed. For further information call (202) 265-5525 or write to:
 Embassy of the Republic of Madagascar, 2374 Massachusetts Avenue NW, Washington, DC 20008
 No documents submitted with visa application can be returned, except passport, health certificates, checks and travel tickets

NOMS ET PRÉNOMS DES MEMBRES DE VOTRE FAMILLE VOYAGEANT AVEC VOUS: (Names of relatives traveling with you)	
S'IL S'AGIT D'UN VOYAGE D'AFFAIRES, INDIQUEZ LES NOMS ET ADRESSES DES COMMERCANTS OU INDUSTRIELS QUE VOUS DESIREZ RENCONTRER: (If you are traveling on business, please give names and addresses of correspondents or businesspeople you wish to contact.)	
S'IL S'AGIT D'UNE PARTICIPATION À UN CONGRES OU MANIFESTATION, INDIQUEZ L'ORGANISATEUR, LE LIEU, LA DATE, LA DURÉE: (If you are traveling to attend a convention or meeting, please indicate the name of the organizing party, the date and the length)	
S'IL S'AGIT D'ÉTUDES UNIVERSITAIRES OU STAGES TECHNIQUES, INDIQUEZ ÉTABLISSEMENTS FRÉQUENTÉS, LIEUX, DATES, DURÉES: (If you intend to take up studies or technical training, give names of institutions, addresses, dates and length)	
AVEZ-VOUS DÉJÀ HABITÉ MADAGASCAR PENDANT PLUS DE TROIS MOIS CONSÉCUTIFS? PRÉCISEZ À QUELLE DATE ET OÙ: Have you ever lived in Madagascar for more than three months? Please give date and place.	
NOMS ET ADRESSES EXACTES DES RÉFÉRENCES DANS LE PAYS DE RÉSIDENCE: (Names and addresses of references in your country)	
ATTACHES FAMILIALES OU RÉFÉRENCES DANS LE PAYS DE RÉSIDENCE: (Names and Addresses of relatives or references in Madagascar)	
INDICATION PRÉCISE DES LIEU ET DATE (specify place and date of)	
D'ENTRÉE A MADAGASCAR (entry into Madagascar)	DE SORTIE DE MADAGASCAR (departure from Madagsacar)
MOYEN DE TRANSPORT UTILISÉ: (Means of transportation)	
INDICATION DE VOS ADRESSES ET CONDITION DE VOTRE HÉBERGEMENT PENDANT VOTRE SÉJOUR À MADAGASCAR: (Please give your addresses and housing arrangements during your stay in Madagascar)	

IMPORTANT: JE M'ENGAGE À N'ACCEPTER AUCUN EMPLOI RÉMUNÉRÉ OU AU PAIR DURANT MON SÉJOUR À MADAGASCAR, À NE PAS CHERCHER À M'Y INSTALLER DÉFINITIVEMENT ET À QUITTER LE TERRITOIRE MALGACHE À L'EXPIRATION DU VISA QUI ME SERA ÉVENTUELLEMENT ACCORDÉ

(I agree to accept no paid or -au pair- position during my stay in Madagascar, not to try to settle down definitively in the country, and to leave the Malagasy territory upon the expiration of my visa).

MA SIGNATURE ENGAGE MA RESPONSABILITÉ ET M'EXPOSE, EN SUS DES POURSUITES PRÉVUES PAR LA LOI EN CAS DE FAUSSE DÉCLARATION, À ME VOIR REFUSER TOUT VISA À L'AVENIR

(My signature renders me responsible for the above statements; in case of any falsification therein, I understand that, in addition to any penalties imposed by Law, I would be unable in the future to receive any Malagasy visa).

À _____ LE _____
 (Place) (Date)

SIGNATURE _____
 (Signed)

AVIS DU CHEF DE POSTE: (For official use only)
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