

VFS GLOBAL

EMBASSY OF ITALY – ACCRA

FILE NO

DATE OF PRESENTATION.....



FAMILY REUNION APPLICATION FORM 1

APPLICANT

SURNAME.....

FIRST NAME(S).....

MAIDEN NAME

WHO DO YOU INTEND TO JOIN IN ITALY?

HUSBAND..... WIFE..... MOTHER..... FATHER..... DAUGHTER..... SON.....

SIGNATURE OF APPLICANT.....

DATE OF CHECKING.....

REMARKS:(FOR THE OFFICE ONLY)

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