



SAINT VINCENT AND THE GRENADINES

ENTRY VISA APPLICATION

*Valid For A Single Journey

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM

1. Surname: (As in Passport)	2. First and Middle Names: (As in Passport)
3. Date of Birth: (dd-mm-yy)	4. Nationality:
5. Place of Birth: (City)	6. Country:
7. Passport Number:	8. Issuing Country:
9. Issuance Date: (dd-mm-yy)	10. Expiration Date: (dd-mm-yy)

11. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	12. Home Address: (Include Street, City)
---	--

13. Home Telephone Number: Fax Number:	Business Phone Number: Business Fax Number:
--	---

14. Marital Status: Married Single (Never Married) Widowed Divorced Separated

15. Spouse's Full Name: (Even if divorced or separated)	16. Spouse's DOB: (dd-mm-yy)
---	------------------------------

17. Name and Address of Present Employer Name:	Address:
---	----------

18. Present Occupation:

19. When do you intend to arrive in St. Vincent and the Grenadines?

20. At what address will you stay in St. Vincent and the Grenadines?

21. Name and telephone numbers of persons in St. Vincent and the Grenadines with whom you will be staying.

Name:	Home Phone Number:
Business Place:	Cell Phone Number:



Affix Photo

22. How long do you intend to stay in St. Vincent and the Grenadines?			
23. What is the purpose of the trip?			
24. Have you ever been in St. Vincent and the Grenadines?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
25. Have you ever been issued an Entry Visa?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
When?			
Where?			
26. Have you ever been refused an Entry Visa?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
When?			
Where?			
27. Do you intend to work in St. Vincent and the Grenadines?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
28. Names and relations of persons traveling with you (if any)			
29. Has your Entry Visa ever been canceled or revoked?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
30. Have you ever been convicted of any criminal offence?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If so, give details.			
31. Are you affiliated to any organization?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If so, give details.			
32. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a Visa or denial of entry.			
.....		
APPLICANT'S SIGNATURE		DATE: (dd-mm-yy)	

Please attach two (2) passport pictures.

N.B. A non-refundable fee of EC\$200.00 is applicable.

Tel: (784) 456-1703 or 456-1111 ext. 365/361; Fax (784) 457-2152; Email: office.natsec@mail.gov.vc or pmosvg@vincysurf.com