



SAINT VINCENT AND THE GRENADINES

ENTRY VISA APPLICATION

***Valid For A Single Journey**

Affix Photo

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) |

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| 13. Home Telephone Number: Fax Number: | Email Address: |
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14. Marital Status: Married Single (Never Married) Widowed Divorced Separated

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| 15. Spouse's Full Name: (Even if divorced or separated) | 16. Spouse's DOB: (dd-mm-yy) |
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| 17. Name and Address of Present Employer Name: | Address: |
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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?

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| 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: |

22. How long do you intend to stay in St. Vincent and the Grenadines?

23. What is the purpose of the trip?

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------|--------------------------|-----------|
| 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 for St. Vincent? (a) When? (b) If your response is yes please attach a copy. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 26. Have you ever been refused an Entry Visa? When? Where? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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? If so, give details. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 31. Are you affiliated to any organization? If so, give details. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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) | | |
| OFFICIAL REMARKS | | | | |

Application must be submitted with colored copy of passport Bio-page and two (2) passport size 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