



# 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<br><input type="checkbox"/> Male                                                                                                                                  |  | 12. Home Address: (Include Street, City)    |  |
| 13. Home Telephone Number:<br>.....<br>Fax Number:                                                                                                                                                         |  | Email Address:                              |  |
| 14. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 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<br>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.<br><br>Name: Home Phone Number:<br>.....<br>Business Place: Cell Phone Number:<br>.....         |  |                                             |  |
| 22. How long do you intend to stay in St. Vincent and the Grenadines?                                                                                                                                      |  |                                             |  |
| 23. What is the purpose of the trip?                                                                                                                                                                       |  |                                             |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |            |                          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------------|-----------|
| <b>24. Have you ever been in St. Vincent and the Grenadines?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> |
| <b>25. Have you ever been issued an Entry Visa for St. Vincent?</b><br>(a) When? .....<br>(b) If your response is yes please attach a copy.                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> |
| <b>26. Have you ever been refused an Entry Visa?</b><br>When? .....<br>Where? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> |
| <b>27. Do you intend to work in St. Vincent and the Grenadines?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> |
| <b>28. Names and relations of persons traveling with you (if any)</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |            |                          |           |
| <b>29. Has your Entry Visa ever been canceled or revoked?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> |
| <b>30. Have you ever been convicted of any criminal offence?</b><br>If so, give details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> |
| <b>31. Are you affiliated to any organization?</b><br>If so, give details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> |
| <b>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.</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           .....<br/> <b>APPLICANT'S SIGNATURE</b> </div> <div style="width: 45%;">           .....<br/> <b>DATE: (dd-mm-yy)</b> </div> </div> |                          |            |                          |           |
| <b>OFFICIAL REMARKS</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |            |                          |           |

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.

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