

FOR OFFICIAL USE ONLY

Application No:
Date Received:
Date Processed:
Receipt No:



HIGH COMMISSION FOR ANTIGUA AND BARBUDA
2ND FLOOR, 45 CRAWFORD PLACE, LONDON W1H 4LP
Tel: (020) 7258 0070 Fax: (020) 7258 7486
Web site: www.antigua-barbuda.com

Your photograph must be:

- 45mm by 35mm
- A recent likeness, showing full face, with no hat, helmet or sunglasses
- Taken against a plain and evenly lit and light background

NON IMMIGRANT VISA APPLICATION FORM

(Please complete in BLOCK CAPITALS)

SECTION 1 - PERSONAL INFORMATION

Title: Dr. Mr. Mrs. Ms. Miss Master

First Name(s): _____

Surname: _____

Maiden name (if applicable): _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Sex: Male Female

Marital Status: Single Married Divorced Widowed Separated Civil Partnership

Passport:

(a) Number: _____ (b) Issuing Authority: _____

(c) Date of Issue: _____ (d) Date of Expiry: _____

Is this your first passport: Yes No

If no, please provide the passport number of your previous passport: _____

SECTION 2 - CONTACT DETAILS

Permanent Home Address

Correspondence Address (if different) *

Daytime contact telephone number: _____

Fax number: _____

Personal Email Address: _____

** Please note: this address will be used for all correspondence relating to your application*

SECTION 3 – TYPE OF VISA AND PREVIOUS APPLICATIONS

Type of visa required: Single entry Multiple entry Diplomatic

*(An application for a multiple entry visa **must** be supported by evidence of **multiple** entries into Antigua and Barbuda)*

Have you previously applied for a visa to enter Antigua and Barbuda: Yes No

If yes, provide the date(s) of application:

Have you ever been refused a visa for Antigua and Barbuda: Yes No

SECTION 4 – YOUR STAY IN ANTIGUA AND BARBUDA

Expected date of arrival in Antigua and Barbuda: _____

Expected date of departure out of Antigua and Barbuda: _____

What is the purpose of your visit: _____

*(If you have been engaged as an employee of an Antiguan based company, you **must** provide a copy of your work permit)*

Intended address whilst in Antigua and Barbuda:

Phone Number: _____

(If you are the guest of an individual/company, please provide the full name, address, and telephone number of your host and attach a letter of invitation)

SECTION 5 – FINANCIAL RESOURCES AND EMPLOYMENT DETAILS

(If you are unemployed, please provide the name of the individual who will be covering the cost of your trip, and have them complete the details below)

Occupation/Profession: _____ Annual Income: _____

Name of Employer/School: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email Address _____

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.

Signature: _____ Date: _____

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Issuing Officer:

Signature:

Further Verification Required

Issue Refuse

Liabilities:

The Antigua and Barbuda High Commission cannot be held responsible for the loss of any passport in the post or for any postal delay. The Antigua and Barbuda High Commission reserves the right to refuse any application without providing a reason.