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 plan 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: _____

FOR OFFICIAL USE ONLY	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.