



**MINISTRY OF FOREIGN AFFAIRS OF
THE COMMONWEALTH OF THE BAHAMAS**

VISA APPLICATION FORM

(To be completed in BOLD CAPS in Black or Blue Ink)

(To be completed by the Applicant)

VISA TYPE: Visitor <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Crew <input type="checkbox"/> Transit <input type="checkbox"/>		ENTRY TYPE: Single Entry <input type="checkbox"/> Multiple Entry <input type="checkbox"/>	
1. PERSONAL DETAILS:			
Surname		First Name	Middle Name(s)
Nationality	Place & Country of Birth		Date of Birth (DD/MM/YYYY)
National Identification Number			Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
2. CONTACT DETAILS:			
Present Address (include Apt. No, Street, City, State, Country)		Permanent Address (include Apt. No, Street, City, State, Country)	
Telephone (Home)	Telephone (Work)	Fax	Mobile
Email Address			
3. EMPLOYMENT DETAILS:			
Occupation	No. of Years Employed	Employer 's Name, Address, and Telephone (if applicable)	
Former Occupation (if employed for less than 5 years in the present occupation)	No. of Years Employed	Employer's Name, Address, and Telephone (if applicable)	
4. FAMILY DETAILS:			
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/>			
Spouse's Name (Even if divorced or separated include maiden name)		Date of Birth (DD/MM/YYYY)	Do you have any children? Yes <input type="checkbox"/> No <input type="checkbox"/>
List full names of Dependants		Relationship to Applicant	
Is Spouse traveling with you? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are Dependants traveling with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Father's Full Name		Nationality	
Mother's Full Name		Nationality	
In Case of Emergency, Contact			
Name		Relationship to Applicant	
Address		Telephone	

5. PASSPORT DETAILS:

Passport Number	Date Issued (DD/MM/YYYY)	Date Expiry (DD/MM/YYYY)	Place & Country of Issue
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6. TRAVEL DETAILS:

Purpose of Visit
 Vacation Business Diplomatic Official/Service Conference/Seminar Crew Entertainment
 Sports/Athlete Religious Student Visiting Family - (Spouse Children Parents Sisters/Brothers
 Other If other family member, provide relationship _____)

Intended Length of Stay	Date of Arrival (DD/MM/YYYY)
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Name of Person/Hotel	Address of Person/Hotel	Telephone No. of Person/Hotel
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7. FINANCIAL DETAILS:

Who is paying for your trip to The Bahamas?	How much money is available for your stay?
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8. CRIMINAL DETAILS:

Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide Description of Offence (if convicted)
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Offence Date (if convicted)	Place of Offence (if convicted)	Penalty (if convicted)
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Have you ever been involved in the commission, preparation, organization or support of acts of terrorism, either within or outside The Bahamas or have you ever been a member of any organization which has been involved in or advocated terrorism? If yes, please provide details:

Yes No If Yes, please provide details:

9. ADDITIONAL DETAILS:

Are any of the following persons in The Bahamas?

Relative	Residential Status
Father <input type="checkbox"/>	Work Permit <input type="checkbox"/> Resident <input type="checkbox"/> Home Owner <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Citizen <input type="checkbox"/>
Mother <input type="checkbox"/>	Work Permit <input type="checkbox"/> Resident <input type="checkbox"/> Home Owner <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Citizen <input type="checkbox"/>
Spouse <input type="checkbox"/>	Work Permit <input type="checkbox"/> Resident <input type="checkbox"/> Home Owner <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Citizen <input type="checkbox"/>
Siblings <input type="checkbox"/>	Work Permit <input type="checkbox"/> Resident <input type="checkbox"/> Home Owner <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Citizen <input type="checkbox"/>
Children <input type="checkbox"/>	Work Permit <input type="checkbox"/> Resident <input type="checkbox"/> Home Owner <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Citizen <input type="checkbox"/>

Have you ever visited The Bahamas? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of last visit (DD/MM/YYYY)	Have you ever applied for a Bahamas Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and where? What was the outcome of your application? Visa Granted <input type="checkbox"/> Visa Denied <input type="checkbox"/>	Have you ever been deported, remanded or required to leave The Bahamas? Yes <input type="checkbox"/> No <input type="checkbox"/>
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10. DECLARATION OF APPLICANT:

I certify that I have read and understood all of the questions in this application and the answers I have given are true and correct to the best of my knowledge and belief. I understand that possession of a visa does not automatically entitle one to enter The Bahamas at a port of entry.

Signature of person preparing form: _____ Date: _____

Signature of applicant: _____ Date: _____