



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"/>
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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																																																
6. TRAVEL DETAILS:																																																			
Purpose of Visit																																																			
Vacation <input type="checkbox"/> Business <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official/Service <input type="checkbox"/> Conference/Seminar <input type="checkbox"/> Crew <input type="checkbox"/> Entertainment <input type="checkbox"/> Sports/Athlete <input type="checkbox"/> Religious <input type="checkbox"/> Student <input type="checkbox"/> Visiting Family - (Spouse <input type="checkbox"/> Children <input type="checkbox"/> Parents <input type="checkbox"/> Sisters/Brothers <input type="checkbox"/> Other <input type="checkbox"/> If other family member, provide relationship _____																																																			
Intended Length of Stay		Date of Arrival (DD/MM/YYYY)																																																	
Name of Person/Hotel	Address of Person/Hotel		Telephone No. of Person/Hotel																																																
7. FINANCIAL DETAILS:																																																			
Who is paying for your trip to The Bahamas?		How much money is available for your stay?																																																	
8. CRIMINAL DETAILS:																																																			
Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please provide Description of Offence (if convicted)																																																	
Offence Date (if convicted)	Place of Offence (if convicted)	Penalty (if convicted)																																																	
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 <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details:																																																			
9. ADDITIONAL DETAILS:																																																			
Are any of the following persons in The Bahamas?																																																			
<table border="0"> <tr> <td>Relative</td> <td>Residential Status</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Father <input type="checkbox"/></td> <td>Work Permit <input type="checkbox"/></td> <td>Resident <input type="checkbox"/></td> <td>Home Owner <input type="checkbox"/></td> <td>Permanent Resident <input type="checkbox"/></td> <td>Citizen <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Mother <input type="checkbox"/></td> <td>Work Permit <input type="checkbox"/></td> <td>Resident <input type="checkbox"/></td> <td>Home Owner <input type="checkbox"/></td> <td>Permanent Resident <input type="checkbox"/></td> <td>Citizen <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Spouse <input type="checkbox"/></td> <td>Work Permit <input type="checkbox"/></td> <td>Resident <input type="checkbox"/></td> <td>Home Owner <input type="checkbox"/></td> <td>Permanent Resident <input type="checkbox"/></td> <td>Citizen <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Sibling/s <input type="checkbox"/></td> <td>Work Permit <input type="checkbox"/></td> <td>Resident <input type="checkbox"/></td> <td>Home Owner <input type="checkbox"/></td> <td>Permanent Resident <input type="checkbox"/></td> <td>Citizen <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Children <input type="checkbox"/></td> <td>Work Permit <input type="checkbox"/></td> <td>Resident <input type="checkbox"/></td> <td>Home Owner <input type="checkbox"/></td> <td>Permanent Resident <input type="checkbox"/></td> <td>Citizen <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>				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"/>			Sibling/s <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"/>		
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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"/>																																																			
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: _____																																																