VisaHQ.co.uk
Travel Visa Services

Mail documents to: VisaHQ.co.uk Ltd.
24 Tufton Street
London SW1P 3RB

Tel: 4420 4577 3307

Benin Tourist visa Application

Please enter your contact information

Name:

Email:

Tel: **Mobile:**

The latest date you need your passport returned in time for your travel:

Benin tourist visa checklist

- ☐ **Filled out and signed Benin tourist visa application form.** The form is enclosed.
- ☐
- ☐ **Payment.** Credit Card Authorization form, Postal Order payable to **VisaHQ.co.uk**.
- ☐ **Return mailer.** Prepaid self-addressed return label or payment for Royal Mail.

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If you wish to prepay return shipping, please add the shipping fee to the total and provide return address:

- ☐ Royal Mail Special Delivery by 1 pm (Next Day) - from £11
- ☐ Same day Central London courier delivery - from £15
- ☐ Royal Mail Special Delivery by 9 am (Next Day) - from £25
- ☐ Royal Mail Special Delivery Saturday Guarantee before 1pm (Next Day) - from £25
- ☐ Same Day Outside Central London - from £30
- ☐ UK Next Day courier delivery - from £35
- ☐ Royal Mail Special Delivery Saturday Guarantee before 9am (Next Day) - from £35
- ☐ VHQ same day Central London - from £40
- ☐ Airport Service MEET&GREET - from £75
- ☐ Airport Delivery HEATHROW - from £80
- ☐ Airport Delivery GATWICK - from £90
- ☐ Prepaid self addressed mailer - £0
- ☐ Local pick up in London - £0

Name:

Company:

Address:

City:

Postal code:

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Credit card authorization form

By signing this form i accept VisaHQ.co.uk Terms of Service and authorize to charge my credit card for the amount of £

Name on the Credit Card:	
Credit card number:	- - -
Exp. date:	/ CVC:
Credit Card Billing Address:	
Signature:	
Comments:	

Thank you!
We accept all major credit cards.

Ref. _____

REPUBLIC OF BENIN

U.K. Consulate
Millennium Business Centre
Humber Road
London NW2 6DW
Tel: 0208 830 8612 Email: beninconsulate@hotmail.co.uk
Fax: 0208 830 8925 www.beninconsulate.co.uk

VISA APPLICATION

Surname: _____

First Name: _____

Nationality: _____

Date of Birth: _____

Address: _____

_____

_____

Passport Size Photo

Post Code: _____Daytime Phone No: _____

Name/Address/Phone Number of someone to contact in case of emergency:

_____

_____

Please tick type of visa required:

Tourist Visas			Business Visas		
15 day single entry	☐	**£60**	**30 day single entry**	☐	**£70**
30 day single entry	☐	**£70**	**30 day double entry**	☐	**£90**
30 day double entry	☐	**£80**	**180 day multiple entry**	☐	**£120**
90 day single entry	☐	**£90**			
90 day double entry	☐	**£100**			
180 day multiple entry	☐	**£120**			

Passport Details: ***Number:*** _____

Date of Issue: _____

Date of Expiry: _____

Issued by: _____

Please turn over

Occupation: _____

Purpose of Visit: _____

_____

If travelling on business, give names of companies and organisations you intend to visit: _____

_____

_____

State point of entry into the Republic of Benin: _____

State intended date of entry: _____

State your full address while in the Republic of Benin: _____

_____

_____

_____

I undertake not to accept any employment, paid or unpaid, while in the Republic of Benin and to leave the Country when my visa expires.

Further, I understand that by signing this application, any false statement could result in prosecution and that any application in the future for a visa may be refused.

Date: _____ **Signed:** _____