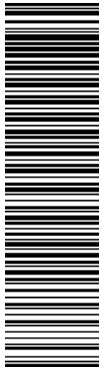


Mail documents to: VisaHQ.co.uk Ltd.
24 Tufton Street
London SW1P 3RB

Tel: 4420 4577 3307



Dominica 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:

Tourists of any nationality can stay for up to 21 days without a visa providing they have a return ticket for within that time.



Dominica tourist visa checklist

☐

Filled out and signed Dominica tourist visa application form. The form is enclosed.

☐

Passport. Passport with at least six (6) months validity.

☐

Passport Photo. Two (2) passport sized photographs.

☐

Payment. Credit Card Authorization form, Postal Order payable to **VisaHQ.co.uk**.

☐

Return mailer. Prepaid self-addressed return label or payment for Royal Mail.

☐

HIV Test. Copy of recent HIV test results performed within the last 3 months.

☐

Bank Statement. Copy of a recent bank statement showing proof of sufficient funds.

☐

Employment Letter. An original letter from your employer/school (on business letterhead, with contact details), stating that a leave of absence has been granted and that you will be returning to your current job. The Employment Letter must be addressed to Dominica High Commission. If you are self-employed, include a copy of your business license and tax return. If you are retired please submit proof of your retirement fund.

☐

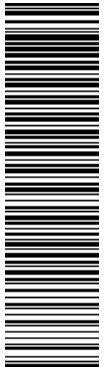
Letter of Invitation. An official letter of invitation approved by the Ministry of Foreign Affairs in Dominica.

☐

Police Report. Original police report or Certificate of Good Conduct from applicant's local police station.

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☐ **Negative COVID-19 test results.** Please upload your test result for PCR, or Rapid PCR, or any type of molecular test for COVID-19

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

- | | |
|--|---------------------|
| <input type="checkbox"/> Royal Mail Special Delivery by 1 pm (Next Day) - from £11 | Name: |
| <input type="checkbox"/> Same day Central London courier delivery - from £15 | Company: |
| <input type="checkbox"/> Royal Mail Special Delivery by 9 am (Next Day) - from £25 | Address: |
| <input type="checkbox"/> Royal Mail Special Delivery Saturday Guarantee before 1pm (Next Day) - from £25 | City: |
| <input type="checkbox"/> Same Day Outside Central London - from £30 | Postal code: |
| <input type="checkbox"/> UK Next Day courier delivery - from £35 | |
| <input type="checkbox"/> Royal Mail Special Delivery Saturday Guarantee before 9am (Next Day) - from £35 | |
| <input type="checkbox"/> VHQ same day Central London - from £40 | |
| <input type="checkbox"/> Airport Service MEET&GREET - from £75 | |
| <input type="checkbox"/> Airport Delivery HEATHROW - from £80 | |
| <input type="checkbox"/> Airport Delivery GATWICK - from £90 | |
| <input type="checkbox"/> Prepaid self addressed mailer - £0 | |
| <input type="checkbox"/> Local pick up in London - £0 | |

The signature of the applicant must be notarised by a commissioner of oaths. All information in foreign languages should be translated by a certified translator, stamped and notarised appropriately. All documents/copies should be notarised.

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

Tel: 4420 4577 3307



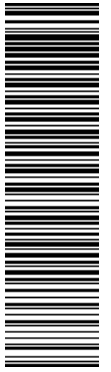
Dominica Tourist visa Application

| | Type of visa | Validity | Processing time | Embassy fee | Service fee | VAT | Total |
|--|--------------|---------------|--------------------|-------------|-------------|--------|---------|
| | Single entry | up to 90 days | 5-10 business days | £25.00 | £120.00 | £24.00 | £169.00 |

This order is subject to Terms of Service, posted on VisaHQ website.
All fees and requirements may change without notice.

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

Tel: 4420 4577 3307



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.





**COMMONWEALTH OF DOMINICA
VISA APPLICATION FORM**

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM

| | | | | |
|---|---------------------------------|---|--|---|
| <i>PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM</i> | | | | |
| 1. Passport Number | | 2. Place of Issuance; City: | Country | State/Province |
| 3. Issuing Country | | 4. Issuance Date (<i>dd-mm-yyyy</i>) | | 5. Expiration Date (<i>dd-mm-yyyy</i>) |
| 6. Surnames (<i>As in Passport</i>) | | | 7. First and Middle Names (<i>As in Passport</i>) | |
| 8. Other Surnames Used (<i>Maiden, Religious, Professional, Aliases</i>) | | | | |
| 9. Other First and Middle Names Used | | | | 10. Date of Birth (<i>dd-mm-yyyy</i>) |
| 11. Place of Birth; City: | | Country | State/Province | 12. Nationality (ies) |
| 13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 14. Other Identification | | 15. Home Address (include apartment number, street, <i>city or province, postal zone and country</i>) | |
| 16. Home Telephone Number | | Business Phone Number | | Mobile/Cell Number |
| Fax Number | | Business Fax Number | | Pager Number |
| 17. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single (<i>Never Married</i>) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separate | | | 18. Spouse's Full Name (<i>Even if divorced or separated. Include maiden name</i>) <i>Name of children.</i> | 19. Spouse's DOB (<i>dd-mm-yy</i>) |
| 20. Name and Address of Present Employer or School Name: _____ Address: _____ | | | | |
| 21. Present Occupation (Indicate if retired or a student) | | | 22. When do You intend to Arrive in the Commonwealth of Dominica (Provide Specific date if known) | |

| | | | | | | | |
|---|---|------------------------|--------------------|------------------------|--|--------------------|--|
| 23. At what address will you stay in Dominica? | | | | | | | |
| 24. Name and Telephone Numbers of Person in Dominica who you will be Staying with or Visiting for Tourism or Business. | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Name :</td> <td style="width: 33%;">Home Phone:</td> <td style="width: 33%;">Business Phone:</td> </tr> <tr> <td></td> <td>Cell Phone:</td> <td></td> </tr> </table> | | Name : | Home Phone: | Business Phone: | | Cell Phone: | |
| Name : | Home Phone: | Business Phone: | | | | | |
| | Cell Phone: | | | | | | |
| 25. How Long Do you intend To Stay in Dominica? | 26. What is the Purpose of Your Trip? | | | | | | |
| 27. Who will pay for Your Trip? | 28. Have you ever been to Dominica? <input type="checkbox"/> Yes <input type="checkbox"/> No When? For How Long? | | | | | | |
| 29. Have You Ever Been Issued a Dominican Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where? What type of Visa? | 30. Have you ever been refused a Dominican Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where? What type of Visa? | | | | | | |
| 31. Do you intend to Work in Dominica? (if YES, give the name and complete address of Dominican employer) <input type="checkbox"/> Yes <input type="checkbox"/> No | 32. Do You Intend to Study in Dominica? <input type="checkbox"/> Yes <input type="checkbox"/> No (if YES, give the name and complete address of the school.) | | | | | | |
| 33. Name and Relationships of Persons Travelling with you. | | | | | | | |
| 34. Has your Dominican Visa ever been canceled or revoked <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |

35. Are Any of the Following Persons in Dominica or have residence or work Permit?

Mark YES or NO and indicate that person

☐ Yes ☐ No

Husband/
Wife

☐ Yes ☐ No

Fiancé/
Fiancée

☐ Yes ☐ No

Brother/
Sister

☐ Yes ☐ No

Father/
Mother

☐ Yes ☐ No

Son/
Daughter

36. PLEASE CHECK THE APPROPRIATE BOX FOR EACH ITEM.

(i) Have you ever been arrested or convicted for any offence or crime, even though subject of a pardon, or other similar legal action:

☐ Yes ☐ No

(ii) Have you ever unlawfully distributed or sold a controlled substance (drug) or been a prostitute or procurer for prostitutes?

☐ Yes ☐ No

(iii) Have you ever been refused admission to Dominica or been the subject of a deportation hearing, or sought to obtain or assist others to obtain a visa, entry into Dominica, or any other Dominican immigration benefit by fraud or willful misrepresentation or other unlawful means?

☐ Yes ☐ No

(iv) Do you seek to enter Dominica to engage in export prostitution, human smuggling, subversive or terrorist activities, or any other unlawful Purposes?

☐ Yes ☐ No

(v) Have you ever violated the terms of a Dominican visa, or been unlawfully present, in or deported from Dominica ?

☐ Yes ☐ No

(vi) Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder, or ever been a drug abuser or addict?

☐ Yes ☐ No

37. Was this Application prepared by Another Person on Your Behalf?

☐ Yes ☐ No

(If answer is **YES**, then have that person complete item 38.)

38. Application Prepared By:

NAME:

Relationship to Applicant:

ADDRESS:

Signature of Person Preparing Form: DATE (dd-mm-yyyy)

Signature, Seal and contact details of Notary Public/Commissioner of Oaths:

.....
(NAME IN BLOCK)

.....
SEAL

.....
(ADDRESS)

.....
TELEPHONE NUMBER

39. 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. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the Commonwealth of Dominica. I understand that possession of a visa does not automatically entitle the bearer to enter the Commonwealth of Dominica upon arrival at a port of entry if he or she is found inadmissible.

APPLICANT'S SIGNATURE DATE (dd-mm-yyyy)

.....
(NAME IN BLOCK)

.....
SEAL

.....
(ADDRESS)

.....
TELEPHONE NUMBER

DO NOT WRITE BELOW THIS LINE

| | |
|--------------------------|-------------------|
| TYPE OF VISA ISSUED: | DURATION |
| DATE OF ISSUE: | |
| | CONDITIONS IF ANY |
| | |
| | |
| APPLICATION REVIEWED BY: | |
| APPLICATION GRANTED BY: | |
| PARTICULARS OF PAYMENT: | |
| VISA REFUSED: | |

**LIST OF DOCUMENTS TO BE SUBMITTED WITH VISA
APPLICATION FORM ARE AS FOLLOWS:**

- ◆ *Valid passport and 2 passport sized (recent) photographs*
- ◆ *Bank statement from bank or sponsor*
- ◆ *Employment letter (if employed) or proof of self employment*
- ◆ *Invitation letter*
- ◆ *Recent police record issued within the preceding three (3) months of application*
- ◆ *Application fee (bank draft of \$52 US/\$133.50 EC) payable to the Accountant General*
- ◆ *Medical report including HIV/Aids test*
- ◆ *All relevant information (including foreign languages) should be written and or translated into English.*
- ◆ *Signature of applicant (s) to be notarised or sworn to before a Commissioner of Oaths, whose full contact information must be provided.*

**PLEASE TAKE NOTE THAT ALL
DOCUMENTS/COPIES/SIGNATURES SHOULD BE NOTARISED OR
ENDORSED BY CERTIFIED TRANSLATORS.**