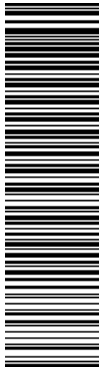


Mail documents to: VisaHQ.co.uk Ltd.
24 Tufton Street
London SW1P 3RB
Tel: 4420 4577 3307



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.

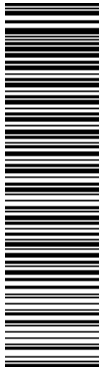


Dominica tourist visa checklist

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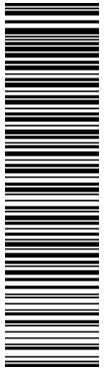
Negative COVID-19 test results. Please upload your test result for PCR, or Rapid PCR, or any type of molecular test for COVID-19

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.

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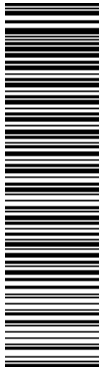
Dominica Tourist visa Application

	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

1. Passport Number				2. Place of Issuance; City:		Country		State/Province	
3. Issuing Country			4. Issuance Date (dd-mm-yyyy)			5. Expiration Date (dd-mm-yyyy)			
6. Surnames (As in Passport)				7. First and Middle Names (As in Passport)					
8. Other Surnames Used (Maiden, Religious, Professional, Aliases)									
9. Other First and Middle Names Used						10. Date of Birth (dd-mm-yyyy)			
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, city or province, postal zone and country)					
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 (Never Married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separate				18. Spouse's Full Name (Even if divorced or separated. Include maiden name) Name of children.			19. Spouse's DOB (dd-mm-yy)		
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.

Name :

Home Phone:
Cell Phone:

Business 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? Yes No

When?

For How Long?

29. Have You Ever Been Issued a Dominican Visa?

Yes No

When?

Where?

What type of Visa?

30. Have you ever been refused a Dominican Visa? Yes 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)

Yes

No

32. Do You Intend to Study in Dominica? Yes 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

Yes No

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

Mark YES or NO and indicate that person

<input type="checkbox"/> Yes <input type="checkbox"/> No	Husband/ Wife	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fiancé/ Fiancée	<input type="checkbox"/> Yes <input type="checkbox"/> No	Brother/ Sister
.....					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Father/ Mother	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Dominca, or any other Dominican immigration benefit by fraud or willful misrepresentation or other unlawful means? Yes No
- (iv) Do you seek to enter Dominca 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 Dominca ? Yes No
- (vi) Have you ever been afflicted with a commuicable disease of public health significanse 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 Dominca. 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.