

24 Tufton Street London SW1P 3RB

Tel: 4420 4577 3307



Dominica Tourist visa Application

| ! | Please enter your contact information |
|----------|--|
| lame | |
| mail: | |
| el: | Mobile: |
| he la | test date you need your passport returned in time for your travel: |
| | |
| ırists | 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. |
| leave | Employment Letter. An original letter from your employer/school (on business letterhead, with contact details), stating that a e of absence has been granted and that you will be returning to your current job. The Employment Letter must be addressed to |
| Dom | inica High Commission If you are self-employed, include a copy of your business license and tax return. If you are retired please |
| subn | nit 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 tes | t result for PCR, or Rapid PCR, or any type of molecular test for COVID-1 |
|--|---|
| If you wish to prepay return shipping, please add the sh | nipping fee to the total and provide return address: |
| Royal Mail Special Delivery by 1 pm (Next Day) - from $_{ m f11}$ | Name: |
| Same day Central London courier delivery - from £15 | Company: |
| Royal Mail Special Delivery by 9 am (Next Day) - from $£25$ | Address: |
| Royal Mail Special Delivery Saturday Guarantee before 1pm (Next Day) - from £25 | City: |
| Same Day Outside Central London - from £30 | Postal code: |
| 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 | |

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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| 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.



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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 ${\bf f}$

| Name on the Credit Card: | | |
|------------------------------|---|------|
| Credit card number: | - | - |
| Exp. date: | 1 | CVC: |
| Credit Card Billing Address: | | |
| | | |
| Signature: | | |
| | | |
| Comments: | | |

Thank you! We accept all major credit cards.

















COMMONWEALTH OF DOMINICA VISA APPLICATION FORM

| PLE | ASE TYPE O | R PRINT YOUR AN | SWERS IN THI | E SPACE | PROVIL | DED BELOW EACH ITEM | 1 |
|--|---------------------|---------------------|--|---|-----------------------------|-----------------------|------|
| 1. Passport Number 2. Place | | | e of Issuance; City: | | State/Province | | |
| 3. Issuing Country | 4. Issuance Date | Date (dd-mm-yyyy) | | 5. Expiration Date (dd-mm-yyyy) | | | |
| 6. Surnames (As in | | 7. First | 7. First and Middle Names (As in Passport) | | | | |
| 8. Other Surnames | s Used (<i>Mai</i> | den, Religious, Pr | ofessional, A | liases) | | | |
| 9. Other First and | Middle Nan | nes Used | | | 10 . D | ate of Birth (dd-mm-y | ууу) |
| 11. Place of Birth; City: Country | | | State/Province | | 12. Nationality (ies) | | |
| 13. Sex Male Female | 14. Other Id | entification | | ome Address (include apartment number, street, city or ovince, postal zone and country) | | | |
| 16. Home Telepho | one Number | I | Business Phone Numb | | er Mobile/Cell Number | | mber |
| Fax Numb | | Business Fax Number | | Pager Number | | er | |
| 17. Marital Status Married S Widowed Divorced S | Aarried) | | | | 19. Spouse's DOB (dd-mm-yy) | | |
| 20. Name and Ad Employer or S | | | Address: | | | | |
| 21. Present Occup | tudent) | | Comm | o You intend to Arrive onwealth of Dominica e Specific date if know | | | |

| 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 Pe | ersons Travell | ling with you. | | | | |
| 34. Has your Dominican Visa eve | er been cancel | led or revoked | | | | |

| • | | ving Persons in Dor Uindicate that person | | ave re | esidence or | work Perm | it? | |
|---|----------------------|---|--------------------------------|--------------------|-------------------------------|-----------------------------|--|---|
| Yes No | Husband/ Wife | | Yes | No | Fiancé/ Fiancée | | Yes No | Brother/ Sister |
| Yes No | Father/ Mother | | Yes | No | Son/ Daughter | | | |
| 36. PLEASE CHECK | THE APPRO | OPRIATE BOX FOR EAC | н ітем. | | | | | |
| (i) Have you ever | been arrested | d or convicted for any offend | e or crime, even | n thourgh | subject of a par | rdon, or other sim | nilar legal action: | Yes No |
| (ii) Have you ever | unlawfully d | listributed or sold a controlle | d substance (dru | ıg) or be | en a prostitute o | r procurer for pro | ostitutes? | Yes No |
| obtain a visa, | entry into Do | admission to Dominica or bominca, or any other Dominc | an immigration | benefit b | y fraud or willfi | ul misrepresentat | ion or other unlawful me | ans? Yes No |
| (iv) Do you seek to Purposes? | enter Domin | ca to engage in export prosti | tution, human si | muggling | g, subversive or | terrorist activitie | es, or any other unlawful | Yes No |
| (v) Have you ever v | violated the te | erms of a Domincan visa, or | been unlawfully | present, | in or deported f | from Dominca? | | Yes No |
| (vi) Have you ever or ever been a | | with a communicable disea or addict? | se of public heal | lth signif | icanse or a dang | gerous physical or | r mental disorder, | Yes No |
| | | prepared by Anoth en have that persor | | | | | | Yes No |
| 38. Application Pre | | <u> </u> | | | | | | |
| NAME: | | | Relati | ionship | to Applican | t: | | |
| ADDRESS: | | | | | | | | |
| Signature of Person | Preparing | Form: | | | | DATE (dd-mn | <i>n</i> -yyyy) | |
| Signature, Seal and | l contact d | letails of Notary Publ | ic/Commissi | ioner o | of Oaths: | | | |
| | | | | | | | | |
| | | ••••• | (NAME I | N BL | OCK) | •••• | | |
| | | | | | | | | |
| SEAL | •••••• | ••••••••• | (ADDRI | ESS) | ••••••••••• | ••••• | TELEPI | HONE NUMBER |
| true and correct to t refusal of a visa or | he best of denial of | nd understood all the q my knowledge and be entry into the Commo Commonwealth of Dom | lief. I unders nwealth of D | stand tl Domine | hat any false a. I underst | or misleading and that poss | g statement may res ession of a visa do | ult in the permanent es not automatically |
| APPLICANT'S SIGN | ATURE - | | | | | – DATE (dd | -mm-yyyy) | |
| | | ••••• | (NAME 1 | | | ••••• | | |
| SEAL | •••••• | | (ADDF | RESS) |) | ••••• | TELEPHO | ONE NUMBER |

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

<u>LIST OF DOCUMENTS TO BE SUBMITTED WITH VISA</u> 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.