

Mail documents to: VisaHQ.co.uk Ltd.

24 Tufton Street London SW1P 3RB

Tel: 4420 4577 3307



# **Grenada Tourist visa Application**

<b>I</b>	Please enter your contact information
Name:	
Email:	
Tel:	Mobile:
The lat	test date you need your passport returned in time for your travel:
~	Grenada tourist visa checklist
	Filled out and signed Grenada tourist visa application form. The form is enclosed.
	Original Passport. Passport must have at least 6 months remaining validity and have at least 1 visa page.
	<b>2 Photographs.</b> Standard passport photographs 35mm x 45mm on a white background.
	Payment. Credit Card Authorization form, Postal Order payable to VisaHQ.co.uk.
retur	<b>Proof of Status.</b> Original ILR card or other proof of resident status in the UK, this should be valid for more than 6 months after your n from Grenada.
	Itinerary. Copy of round trip tickets or itinerary.
durat	<b>Hotel Reservations.</b> Copy of confirmed hotel reservations including name of the applicant, name and address of the hotel, ion of stay.



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Type of visa	Validity	Processing time	<b>Embassy fee</b>	Service fee	VAT	Total
Single Entry	up to 90 days	3-6 business days	£75.00	£120.00	£24.00	£219.00

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.

















## **GRENADA**

### VISA APPLICATION FORM

### PRINT ALL ANSWERS IN BLOCK LETTERS

Visa	Number:	Date of Application DM	[Y
1.	Mr./Ms./Mrs(Family Na	me)	
2.	(Given Nan	nes)	
3.	Marital Status: Single	rried	
4.	Date of Birth: DM	YPlace	
5.	Nationality at Birth	6. Sex Male	Female 🗆
7.	Present Nationality		
8.	Passport Number		photo
9.	Place of Issue		
10.	Date of issue DMY	11. Date of Expiry DM	.Y
12.	Occupation/ Profession		
13.	Home Address:		
14.	Telephone Number:	Mobile	
15.	Intended Date of Arrival D	MY	
16.	Address in the State:		
17.	Name of Contact Person In State	a•	

19.	-
19.	Intended length of Stay:
20.	Have you ever applied for a Grenadian Visa Before? Yes \(\simega\) No \(\simega\)
21.	Was a Visa Issued □ or Refused □?
22.	If issued give number and date of issue:
23.	What financial means will be held for support during your stay:
24.	Why are you applying for a Grenadian Visa
25.	If accompanied by children, state names, age and place of birth:
	ne best of my Knowledge and Belief.
	nature: Date:
	FOR OFFICIAL USE ONLY
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•	FOR OFFICIAL USE ONLY
Vi	FOR OFFICIAL USE ONLY  proved  Not Approved  Date: DM
Vi:	FOR OFFICIAL USE ONLY  proved  Not Approved  Date: D
Vi:	FOR OFFICIAL USE ONLY  proved  Not Approved  Date: D