

24 Tufton Street London SW1P 3RB

Tel: 4420 4577 3307



## **Guadeloupe Tourist visa Application**

<b>!</b>	Please enter your contact information
Name:	
Email:	
Tel:	Mobile:
The late	st date you need your passport returned in time for your travel:
<b>✓</b>	Guadeloupe tourist visa checklist
F	Filled out and signed Guadeloupe tourist visa application form. The form is enclosed.
	<b>Driginal Passport.</b> Passport must have at least 6 months remaining validity and have at least 1 visa page.
	<b>Photographs.</b> Standard passport photographs 35mm x 45mm on a white background.
П	Payment. Credit Card Authorization form, Postal Order payable to VisaHQ.co.uk.
	Return mailer. Prepaid self-addressed return label or payment for Royal Mail.
	<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 from Guadeloupe.
	<b>tinerary.</b> Copy of itinerary showing exact dates of travel from airline or travel agent. Please note that the number of entries on sa will be based upon your itinerary.
specific	<b>Fravel Insurance.</b> Letter on company letterhead from Health Insurance Company indicating the coverage plan for the applicant, cally stating that the applicant will be covered while traveling internationally and indicating the validity of this coverage (with a um medical coverage of GBP 22,000).
	Bank Statement. Copy of a recent bank statement showing proof of sufficient funds (at least GBP 60 per day).



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<b>Employment Letter.</b> An original letter from your employed leave of absence has been granted and that you will be returning	r/school (on business letterhead, with contact details), stating that a					
Guadeloupe 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.						
Hotel Reservations. Copy of confirmed hotel reservations duration of stay.	including name of the applicant, name and address of the hotel,					
Payslips. Originals and copies of the last three months pay	slips or salary attestation.					
If you wish to prepay return shipping, please add the sh	ipping fee to the total and provide return address:					
Royal Mail Special Delivery by 1 pm (Next Day) - from $f11$	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						
<del></del>						

Guadeloupe is the territory of France.



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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 weeks	£54.00	£120.00	£24.00	£198.00

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.

















### Application for Schengen Visa

This application form is free

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1. Surname (Family name) (x)						For official use only
2. Surname at birth (Former family name(s)) (x)						Date of application:
3. First name(s) (Given name(s)) (x)						Visa application number:
(/						Application lodged at
4. Date of birth (day-month-year)	5. Place	of birth		7. Current	nationality	☐ Embassy/consulate
, , , ,	6 Com	ntry of birth		National	ity at birth, if different:	☐ CAC
	o. Com	idy of bildi				☐ Service provider
8. Sex		9. Marital sta	atus			Commercial intermediary
				Comparated C	☐ Divorced ☐ Widow(er)	☐ Border
☐ Male ☐ Female			(please spec		] Divorced [] widow(er)	Name:
			u 1			-
10. In the case of minors: Surname authority/legal guardian	, first nan	ne, address (if	different from	n applicant's) a	and nationality of parental	Other
,, ,						File handled by:
11. National identity number, where	e applical	ole				Supporting documents:
12 T						☐ Travel document
12. Type of travel document						☐ Means of subsistence
☐ Ordinary passport ☐ Diplo	•	_	ice passport	☐ Official pas	sport  Special passport	Invitation
☐ Other travel document (plea	ise specity	7)				☐ Means of transport
13. Number of travel	4. Date o	f issue	15. Valid ι	ıntil	16. Issued by	TMI
document	n Date o	1 100000	15. Tana		10. 100400 0)	Other:
17. Applicant's home address and e	-mail add	ress	Te	lephone numbe	er(s)	Visa decision:
						☐ Refused
18. Residence in a country other th	an the co	ountry of curre	ent nationalit	у		☐ Issued:
☐ No						□ A
<ul><li>─ Yes. Residence permit or eq</li></ul>	С					
						│□ LTV
* 19. Current occupation						☐ Valid
	From					
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.						Until
	Number of entries:					
21. Main purpose(s) of the journey:	☐ 1 ☐ 2 ☐ Multiple					
☐ Tourism ☐ Business ☐ Visiting family or friends ☐ Cultural ☐ Sports ☐ Official visit						Number of days:
☐ Medical reasons						
☐ Study ☐ Transit ☐ Airpor						

22. Member State(s) of destination	23. Meml	per State of first entry	
24. Number of entries requested	25. Durat	ion of the intended stay or transit	
☐ Single entry ☐ Two entries	Indica	ate number of days	
☐ Multiple entries		7	
The fields marked with * shall not be filled in by family their right to free movement. Family members of EU, EEA 35.	members o or CH citiz	f EU, EEA or CH citizens (spouse, child or dep- ens shall present documents to prove this relati	endent ascendant) while exercising onship and fill in fields No 34 and
(x) Fields 1-3 shall be filled in in accordance with the da	nta in the t	ravel document.	
26. Schengen visas issued during the past three years			
□ No			
Yes. Date(s) of validity from		to	
27 Figure 1 and 1 a	· 1 · (		
27. Fingerprints collected previously for the purpose of	applying f	or a Schengen visa	
□ No □ Yes			
	•••••	Date, if known	
28. Entry permit for the final country of destination, w	here applic	able	
Issued by			
value from			
29. Intended date of arrival in the Schengen area	30. Inten	ded date of departure from the Schengen area	
* 31. Surname and first name of the inviting person(s) is or temporary accommodation(s) in the Member S		ber State(s). If not applicable, name of hotel(s)	
Address and e-mail address of inviting person(s)/hotel(s)/accommodation(s)	temporary	Telephone and telefax	
* 32. Name and address of inviting company/organisati	Telephone and telefax of company/organisation		
Surname, first name, address, telephone, telefax, and e-			
* 33. Cost of travelling and living during the applicant	's stay is co	overed	
□ by the applicant himself/herself	☐ by a specif	sponsor (host, company, organisation), please	
Means of support	1 1	referred to in field 31 or 32	
☐ Cash		other (please specify)	
☐ Traveller's cheques	Means of	support	
☐ Credit card	☐ Cash		
☐ Prepaid accommodation	☐ Accoi	nmodation provided	
☐ Prepaid transport	☐ All ex	spenses covered during the stay	
Other (please specify)	☐ Prepa	id transport	

☐ Prepaid transport ☐ Other (please specify)

34. Personal data of the family r	nember who is	an EU, EEA or CH	citizen				
Surname			me(s)				
Date of birth	Nationality		Number of travel document or ID card				
35. Family relationship with an l							
spouse child		grand	dchild 🗌 dependent ascendant				
36. Place and date		37. Signature (for r guardian)	ninors, signature of parental authority/legal				
	C 1 1 1 C	1					
I am aware that the visa fee is n	ot refunded if t	the visa is refused.					
Applicable in case a multiple-ent	ry visa is applie	ed for (cf. field No 24	4):				
I am aware of the need to have a	ın adequate trav	vel medical insurance	for my first stay and any subsequent visits to	the territory of Member States.			
I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.  Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) (³) for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member State sand to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is: [].  I am aware that I have the right to obtain in any of the Member States notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of th							
Place and date  Signature (for minors, signature of parental authority/legal guardian):							

(1) In so far as the VIS is operational.