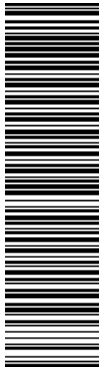


Mail documents to: VisaHQ.co.uk Ltd.
24 Tufton Street
London SW1P 3RB

Tel: 4420 4577 3307



Guadeloupe 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:

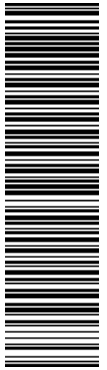


Guadeloupe tourist visa checklist

- ☐ **Filled out and signed Guadeloupe 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.
- ☐ **2 Photographs.** Standard passport photographs 35mm x 45mm on a white background.
- ☐ **Payment.** Credit Card Authorization form, Postal Order payable to **VisaHQ.co.uk**.
- ☐ **Return mailer.** Prepaid self-addressed return label or payment for Royal Mail.
- ☐ **Proof of Status.** Original ILR card or other proof of resident status in the UK, this should be valid for more than 6 months after your return from Guadeloupe.
- ☐ **Itinerary.** Copy of itinerary showing exact dates of travel from airline or travel agent. Please note that the number of entries on your visa will be based upon your itinerary.
- ☐ **Travel Insurance.** Letter on company letterhead from Health Insurance Company indicating the coverage plan for the applicant, specifically stating that the applicant will be covered while traveling internationally and indicating the validity of this coverage (with a minimum 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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☐ **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 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 including name of the applicant, name and address of the hotel, duration of stay.

☐ **Payslips.** Originals and copies of the last three months payslips or salary attestation.

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 | |

Guadeloupe is the territory of France.

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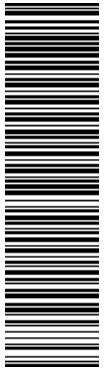
Guadeloupe Tourist visa Application

	Type of visa	Validity	Processing time	Embassy fee	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.

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.





Application for Schengen Visa

This application form is free

PHOTO

1. Surname (Family name) (x)				For official use only Date of application: Visa application number: Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border Name: <input type="checkbox"/> Other File handled by: Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other: Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV <input type="checkbox"/> Valid From Until Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days:	
2. Surname at birth (Former family name(s)) (x)					
3. First name(s) (Given name(s)) (x)					
4. Date of birth (day-month-year)		5. Place of birth		7. Current nationality Nationality at birth, if different:	
		6. Country of birth			
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)			
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian					
11. National identity number, where applicable					
12. Type of travel document <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify)					
13. Number of travel document		14. Date of issue		15. Valid until	
				16. Issued by	
17. Applicant's home address and e-mail address				Telephone number(s)	
18. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No Valid until					
* 19. Current occupation					
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.					
21. Main purpose(s) of the journey: <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)					

22. Member State(s) of destination	23. Member State of first entry	
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit Indicate number of days	

The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to		
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes Date, if known		
28. Entry permit for the final country of destination, where applicable Issued by Valid from until		
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area	
* 31. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s)		
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)	Telephone and telefax	
* 32. Name and address of inviting company/organisation	Telephone and telefax of company/organisation	
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation		
* 33. Cost of travelling and living during the applicant's stay is covered		
<input type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)	

34. Personal data of the family member who is an EU, EEA or CH citizen			
Surname		First name(s)	
Date of birth	Nationality	Number of travel document or ID card	
35. Family relationship with an EU, EEA or CH citizen <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant			
36. Place and date		37. Signature (for minors, signature of parental authority/legal guardian)	

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for (cf. field No 24):
I am aware of the need to have an adequate travel 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) ⁽¹⁾ 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 States and 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 the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the State concerned. The national supervisory authority of that Member State [contact details] will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5(1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Place and date	Signature (for minors, signature of parental authority/legal guardian):
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⁽¹⁾ In so far as the VIS is operational.