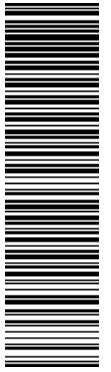


Mail documents to: VisaHQ.co.uk Ltd.
24 Tufton Street
London SW1P 3RB
Tel: 4420 4577 3307



Madagascar 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:

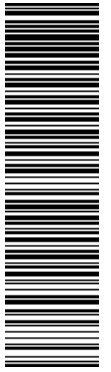


Madagascar tourist visa checklist

- Filled out and signed Madagascar 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.
- Passport-type photograph:** One (01) recent passport photo (2 x 2 inches).
- Payment.** Credit Card Authorization form, Postal Order payable to **VisaHQ.co.uk**.
- Return mailer.** Prepaid self-addressed return label or payment for Royal Mail.
- Yellow fever vaccination certificate.** A yellow fever vaccination certificate is required if the traveller stayed in an affected area six (06) days prior to the trip.
- Itinerary.** A copy of round trip tickets or detailed itinerary for the duration of the trip. The applicant's name must be on itinerary.

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

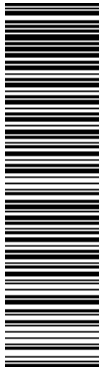
Tel: 4420 4577 3307



If you wish to prepay return shipping, please add the shipping fee to the total and provide return address:

- Royal Mail Special Delivery by 1 pm (Next Day) - from £11
 - Same day Central London courier delivery - from £15
 - Royal Mail Special Delivery by 9 am (Next Day) - from £25
 - Royal Mail Special Delivery Saturday Guarantee before 1pm (Next Day) - from £25
 - Same Day Outside Central London - from £30
 - 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
- Name:**
Company:
Address:
City:
Postal code:

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

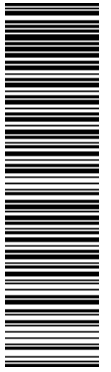


Madagascar Tourist visa Application

Type of visa	Validity	Processing time	Embassy fee	Service fee	VAT	Total
Single entry	up to 30 days	3-8 business days	£17.00	£120.00	£24.00	£161.00
Single entry	up to 60 days	3-8 business days	£21.00	£120.00	£24.00	£165.00
Single entry	up to 90 days	3-8 business days	£30.00	£120.00	£24.00	£174.00
Double entry	up to 60 days	3-8 business days	£21.00	£120.00	£24.00	£165.00
Double entry	up to 90 days	3-8 business days	£30.00	£120.00	£24.00	£174.00
Triple entry	up to 60 days	3-8 business days	£21.00	£120.00	£24.00	£165.00
Triple entry	up to 90 days	3-8 business days	£30.00	£120.00	£24.00	£174.00

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:

Credit Card Billing Address:

- - -
/ CVC: -

Signature:

Comments:

Thank you!
We accept all major credit cards.



REPOBLIKAN ' i MADAGASIKARA
Tanindrazana - Fahafahana - Fahamarinana

NOM de FAMILLE: (Last name)	<p align="center">Veuillez coller ici votre photographie</p> <p align="center">(Please affix your photograph here)</p>
NOM DE JEUNE FILLE: (Maiden Name)	
PRÉNOMS: (First and Middle Name)	
NÉ LE: (Date of Birth)	
NÉ À: (Place of Birth)	

NATIONALITÉ: (Present nationality)	NATIONALITÉ D'ORIGINE: (Previous nationality)
SITUATION DE FAMILLE: (Family Status)	
DOMICILE HABITUEL: (Home address)	
RÉSIDENT ACTUELLEMENT À: (Present address)	
PROFESSION OU QUALITÉ: (Occupation or title)	
SPÉCIALISATION ÉVENTUELLE: (Present specialization)	
TITRE SCIENTIFIQUES: (Scientific qualifications)	

NUMÉRO DE PASSEPORT (Passport Number)
DÉLIVRÉ LE: (Date of issue)
DÉLIVRÉ PAR: (Issued by)
VALABLE JUSQU'AU: (Valid until)

NATURE ET DURÉE DU VISA SOLlicitÉ (Type and Length of Requested Visa)	
TRANSIT À DESTINATION DE (Country to which proceeding, if only transiting through Madagascar)	
ALLER-RETOUR AVEC ARRÊT DE	JOURS
(Round-trip with stopover for	days)
COURT SEJOUR DE	JOURS
(Short stay for	days)
VALABLE DU:	AU:
(Valid from)	(To)
NOMBRE D'ENTRÉES:	UNE DEUX
(Number of Entries)	one two
MOTIF DU VOYAGE:	TOURISME AFFAIRES CONGRES ETUDES
(Reason for trip)	tourism business convention studies

EMPLACEMENT RÉSERVÉ À L'ADMINISTRATION
(For official use only)

Nom:

Prénoms:

No. du visa:

Date de délivrance:

Délai d'utilisation:

Durée du séjour autorisée:

.....

Nombre d'entrées autorisées:

.....

Référence de l'autorisation:

.....

.....

Visas can be issued only when application form is completely filled out and signed. For further information call (858) 792-6999 or write to:

Honorary Consulate of Madagascar, 1318 Santa Luisa Drive, Solana Beach, CA 92075

No documents submitted with visa application can be returned, except passport, health certificates, checks and travel tickets.

Visa fees are payable to "Madagascar Visa".

NOMS ET PRÉNOMS DES MEMBRES DE VOTRE FAMILLE VOYAGEANT AVEC VOUS: (Names of relatives traveling with you)	
S'IL S'AGIT D'UN VOYAGE D'AFFAIRES, INDIQUEZ LES NOMS ET ADRESSES DES COMMERCANTS OU INDUSTRIELS QUE VOUS DESIREZ RENCONTRER: (If you are traveling on business, please give names and addresses of correspondents or businesspeople you wish to contact.)	
S'IL S'AGIT D'UNE PARTICIPATION À UN CONGRES OU MANIFESTATION, INDIQUEZ L'ORGANISATEUR, LE LIEU, LA DATE, LA DURÉE: (If you are traveling to attend a convention or meeting, please indicate the name of the organizing party, the date and the length)	
S'IL S'AGIT D'ÉTUDES UNIVERSITAIRES OU STAGES TECHNIQUES, INDIQUEZ ÉTABLISSEMENTS FRÉQUENTÉS, LIEUX, DATES, DURÉES: (If you intend to take up studies or technical training, give names of institutions, addresses, dates and length)	
AVEZ-VOUS DÉJÀ HABITÉ MADAGASCAR PENDANT PLUS DE TROIS MOIS CONSÉCUTIFS? PRÉCISEZ À QUELLE DATE ET OÙ: Have you ever lived in Madagascar for more than three months? Please give date and place.	
NOMS ET ADRESSES EXACTES DES RÉFÉRENCES DANS LE PAYS DE RÉSIDENCE: (Names and addresses of references in your country)	
ATTACHES FAMILIALES OU RÉFÉRENCES DANS LE PAYS DE RÉSIDENCE: (Names and Addresses of relatives or references in Madagascar)	
INDICATION PRÉCISE DES LIEU ET DATE (specify place and date of)	
D'ENTRÉE A MADAGASCAR (entry into Madagascar)	DE SORTIE DE MADAGASCAR (departure from Madagsacar)
MOYEN DE TRANSPORT UTILISÉ: (Means of transportation)	
INDICATION DE VOS ADRESSES ET CONDITION DE VOTRE HÉBERGEMENT PENDANT VOTRE SÉJOUR À MADAGASCAR: (Please give your addresses and housing arrangements during your stay in Madagascar)	

IMPORTANT: JE M'ENGAGE À N'ACCEPTER AUCUN EMPLOI RÉMUNÉRÉ OU AU PAIR DURANT MON SÉJOUR À MADAGASCAR, À NE PAS CHERCHER À M'Y INSTALLER DÉFINITIVEMENT ET À QUITTER LE TERRITOIRE MALGACHE À L'EXPIRATION DU VISA QUI ME SERA ÉVENTUELLEMENT ACCORDÉ

(I agree to accept no paid or -au pair- position during my stay in Madagascar, not to try to settle down definitively in the country, and to leave the Malagasy territory upon the expiration of my visa).

MA SIGNATURE ENGAGE MA RESPONSABILITÉ ET M'EXPOSE, EN SUS DES POURSUITES PRÉVUES PAR LA LOI EN CAS DE FAUSSE DÉCLARATION, À ME VOIR REFUSER TOUT VISA À L'AVENIR

(My signature renders me responsible for the above statements; in case of any falsification therein, I understand that, in addition to any penalties imposed by Law, I would be unable in the future to receive any Malagasy visa).

À _____ LE _____
 (Place) (Date)

SIGNATURE _____
 (Signed)

AVIS DU CHEF DE POSTE:
 (For official use only)