

24 Tufton Street London SW1P 3RB

Tel: 4420 4577 3307



Martinique Tourist visa Application

| ! | Please enter your contact information |
|------------|--|
| Name: | |
| Email: | |
| Tel: | Mobile: |
| The lat | est date you need your passport returned in time for your travel: |
| | |
| /lartiniqu | ue is the territory of France. |
| ~ | Martinique tourist visa checklist |
| | Filled out and signed Martinique 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. |
| retur | 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 n from Martinique. |
| your | Itinerary. Copy of itinerary showing exact dates of travel from airline or travel agent. Please note that the number of entries on visa will be based upon your itinerary. |
| - | Travel Insurance. Letter on company letterhead from Health Insurance Company indicating the coverage plan for the applicant, fically stating that the applicant will be covered while traveling internationally and indicating the validity of this coverage (with a num 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. Copy of a letter from your employer on business letterhead, with contact details, stating that a leave of | | | | | | | |
|---|---|--|--|--|--|--|--|
| absence has been granted, purpose and duration of the trip, and that you will be returning to your current job. The Employment letter | | | | | | | |
| must be addressed to the High Commission of Martinique. If y | must be addressed to the High Commission of Martinique. 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 fu | nd. The documents shouldn't be older than 1 month. | | | | | | |
| 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: | | | | | | |
| $\prod_{\pm 11}^{\text{Royal Mail Special Delivery by 1 pm (Next Day) - from}$ | Name: | | | | | | |
| Same day Central London courier delivery - from £15 | Company: | | | | | | |
| Royal Mail Special Delivery by 9 am (Next Day) - from $\pounds 25$ | 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 | | | | | | | |
| | | | | | | | |
| | | | | | | | |



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Martinique Tourist visa Application

| Type of visa | Validity | Processing time | Embassy fee | Service fee | VAT | Total |
|--------------|---------------|------------------|--------------------|-------------|--------|---------|
| Single entry | up to 90 days | 15 business days | £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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|----|---|--------|----|---------------|
| РΙ | | U | | O |

| 1. Surname (Family name) (x) | For official use only | | | | | | |
|--|--------------------------|--------------------|---------------|-------------------|--|--|--|
| 2. Surname at birth (Former family | Date of application: | | | | | | |
| 3. First name(s) (Given name(s)) (x) | Visa application number: | | | | | | |
| | 1 | | | | | Application lodged at Embassy/consulate | |
| 4. Date of birth (day-month-year) | 5. Place | of birth | | 7. Current | nationality ity at birth, if different: | CAC | |
| | ☐ Service provider | | | | | | |
| 8. Sex | | 9. Marital sta | atus | | | ☐ Commercial intermediary | |
| ☐ Male ☐ Female | | | | I □ Separated □ |] Divorced ☐ Widow(er) | ☐ Border | |
| Mate Ternate | | | (please spe | | Divorced Widow(ci) | Name: | |
| 10. In the case of minors: Surname, authority/legal guardian | first nan | ne, address (if | different fro | om applicant's) a | nd nationality of parental | ☐ Other | |
| authority/itegal guartian | | | | | | File handled by: | |
| 11. National identity number, where | e applical | ole | | | | Supporting documents: | |
| 12. Type of travel document | | | | | | ☐ Travel document | |
| ☐ Ordinary passport ☐ Diplo | matic pas | sport Serv | ice passport | t 🔲 Official pass | sport Special passport | ☐ Means of subsistence | |
| ☐ Other travel document (plea | se specify | 7) | | | | ☐ Invitation | |
| 13. Number of travel | I. Date o | f icano | 15. Valid | til | 16 Jaguard by | ☐ Means of transport ☐ TMI | |
| document | t. Date o | 1 188ue | 15. vand | unu | 16. Issued by | ☐ TMI☐ Other: | |
| | | | | | | L = | |
| 17. Applicant's home address and e | -mail add | ress | Т | elephone numbe | r(s) | Visa decision: | |
| | | | | | | Refused | |
| 18. Residence in a country other th | an the co | ountry of curre | ent national | lity | | ☐ Issued: ☐ A | |
| ☐ No | □ C | | | | | | |
| ☐ Yes. Residence permit or eq | LTV | | | | | | |
| * 19. Current occupation | | ☐ Valid | | | | | |
| * 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 · (| C.I | | |
| 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 | on | 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 | ll expenses 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) (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 are fulfilled, of identifying persons who do not or who no longer fulfile sec 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 the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the rela | | | | | | | |
| | | | | | | | |
| Place and date Signature (for minors, signature of parental authority/legal guardian): | | | | | | | |

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