

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

Tel: 4420 4577 3307



## **Mayotte 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:  |  |  |  |  |  |
| $\checkmark$ | Mayotte tourist visa checklist   |  |  |  |  |  |
|              | Filled out and signed Mayotte 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.   |  |  |  |  |  |
|              | Return mailer. Prepaid self-addressed return label or payment for Royal Mail.  |  |  |  |  |  |
| returi       | <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 Mayotte.  |  |  |  |  |  |
| your         | <b>Itinerary.</b> 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.  |  |  |  |  |  |
| -            | <b>Travel Insurance.</b> 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 Mayotte**. 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. The documents shouldn't be older than 1 month.

Pay Stubs. Copies of 3 most recent pay stubs.

**Hotel Reservations.** Copy of confirmed hotel reservations including name of the applicant, name and address of the hotel, duration of stay.

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 $f_{11}$                       | Name:        |
|--|--------------|
| Same day Central London courier delivery - from £15                                  | Company:     |
| Royal Mail Special Delivery by 9 am (Next Day) - from $f_{25}$                       | Address:     |
| Royal Mail Special Delivery Saturday Guarantee before 1pm (Next Day) - from $\pm 25$ | 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   |              |
|  |              |

Mayotte is the territory of France.



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## **Mayotte Tourist visa Application**

| Type of visa | Validity      | Processing time  | Embassy fee | Service fee | VAT    | Total   |
|--------------|---------------|------------------|-------------|-------------|--------|---------|
| Single entry | up to 90 days | 15 business days | £9.00       | £120.00     | £24.00 | £153.00 |

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 £

| Name on the Credit Card:     |   |      |  |  |
|------------------------------|---|------|--|--|
| Credit card number:          |   |      |  |  |
| Exp. date:                   | 1 | CVC: |  |  |
| Credit Card Billing Address: |   |      |  |  |
|                              |   |      |  |  |
| Signature:                   |   |      |  |  |

Comments:







| Application for Schengen Visa |
|-------------------------------|
| This application form is free |
|                               |

РНОТО

| 1. Surname (Family name) (x)  |                            |                        |                  |                              | For official use only                           |  |
|---|----------------------------|------------------------|------------------|------------------------------|---|--|
|   | Date of application:       |                        |                  |                              |   |  |
| 2. Surname at birth (Former family  | Visa application number:   |                        |                  |                              |   |  |
| 3. First name(s) (Given name(s)) (x)  |                            |                        |                  |                              |   |  |
|   |                            |                        | 1                |                              | Application lodged at                           |  |
| 4. Date of birth (day-month-year)   | 5. Place of birth          |                        | 7. Current       |                              | Embassy/consulate                               |  |
|   | 6. Country of birth        |                        | National         | lity at birth, if different: |   |  |
|   |                            |                        |                  |                              | ☐ Service provider<br>☐ Commercial intermediary |  |
| 8. Sex  | 9. Marital s               | tatus                  |                  |                              | ☐ Border  |  |
| 🔲 🔲 Male 🔲 Female   | □ Single                   | e 🔲 Married 🗖          | ] Separated [    | Divorced Dividow(er)         |   |  |
|   |                            | r (please specify      |                  |                              | Name:   |  |
| 10. In the case of minors: Surname  | e, first name, address (if | f different from       | n applicant's) a | nd nationality of parental   | D Other   |  |
| authority/legal guardian  | ,                          |                        | 11 ,             | , 1                          | T:1. 1  |  |
| 11 National identity number when  | no applicable              |                        |                  |                              | File handled by:                                |  |
| 11. National identity number, when  | le applicable              |                        |                  |                              | Supporting documents:                           |  |
| 12. Type of travel document   |                            |                        |                  |                              | Travel document                                 |  |
| 🛛 🗍 Ordinary passport 🗖 Diplo   | omatic passport 🗖 Ser      | vice passport <b>[</b> | ☐ Official pas   | sport  Special passport      | ☐ Means of subsistence                          |  |
| Other travel document (ple  |                            | Invitation             |                  |                              |   |  |
|   |                            |                        |                  |                              | ☐ Means of transport                            |  |
| 13. Number of travel 1<br>document  | 4. Date of issue           | 15. Valid ur           | ntil             | 16. Issued by                |   |  |
| document  | Other:                     |                        |                  |                              |   |  |
| 17. Applicant's home address and  | e-mail address             | Tele                   | ephone numbe     | er(s)                        | Visa decision:                                  |  |
|   |                            |                        |                  |                              | □ Refused                                       |  |
| 18. Residence in a country other the  | han the country of cur     | rent nationality       | 7                |                              | Issued:   |  |
| □ No  |                            |                        |                  |                              |   |  |
| Yes. Residence permit or ed   | quivalent                  | No                     |                  | Valid until                  |   |  |
|   |                            |                        |                  |                              |   |  |
| * 19. Current occupation  | U Valid                    |                        |                  |                              |   |  |
| * 20. Employer and employer's add   | From                       |                        |                  |                              |   |  |
| establishment.  |                            |                        |                  |                              |   |  |
|   | Number of entries:         |                        |                  |                              |   |  |
| 21. Main purpose(s) of the journey  | □ 1 □ 2 □ Multiple         |                        |                  |                              |   |  |
| □ Tourism □ Business □ Visiting family or friends □ Cultural □ Sports<br>□ Official visit |                            |                        |                  |                              | Number of days:                                 |  |
| Medical reasons   |                            |                        |                  |                              |   |  |
| 🗖 Study 🗖 Transit 🗖 Airport transit 🔲 Other (please specify)                              |                            |                        |                  |                              |   |  |

| 22. Member State(s) of destination   | 23. Member State of first entry              |
|--|--|
| 24. Number of entries requested  | 25. Duration of the intended stay or transit |
| <ul> <li>☐ Single entry ☐ Two entries</li> <li>☐ Multiple entries</li> </ul> | 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.

 $\left(x\right)$  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  |  |  |   |  |
|--|--|--|---|--|
| □ No   |  |  |   |  |
| ☐ Yes. Date(s) of validity from  |  | to   |   |  |
| 27. Fingerprints collected previously for the purpose of   | f applying f   | or a Schengen visa                                 |   |  |
| 🗋 No 🔲 Yes   |  |  |   |  |
|  |  | Date, if known                                     |   |  |
| 28. Entry permit for the final country of destination, w   | where applic   | able   |   |  |
| Issued by Valid from   | •••••  | until  |   |  |
| 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) 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)/<br>accommodation(s)                                 |  |  |   |  |
| * 32. Name and address of inviting company/organisat   | ion  | Telephone and telefax of company/organisa-<br>tion | - |  |
| 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   | * 33. Cost of travelling and living during the applicant's stay is covered |  |   |  |
| □ by the applicant himself/herself   | □ by a<br>specif   | sponsor (host, company, organisation), please<br>y | - |  |
| Means of support   |  | referred to in field 31 or 32                      |   |  |
| □ Cash   |  | other (please specify)                             |   |  |
| Traveller's cheques  | Means of   | support  |   |  |
| Credit card  | 🗖 Cash   |  |   |  |
| Prepaid accommodation  | Accommodation provided   |  |   |  |
| Prepaid transport  |  | xpenses covered during the stay                    |   |  |
| □ Other (please specify) □ Prepaid transport   |  |  |   |  |
| □ 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<br>☐ spouse ☐ child   |  |  |                                      |  |
| 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<br>(for minors, signature of parental authority/legal guardian): |
|---|--|
| ( <sup>1</sup> ) In so far as the VIS is operational. |  |