

24 Tufton Street London SW1P 3RB

Tel: 4420 4577 3307



Saint Pierre Miquelon Tourist visa Application

	Please enter your contact information
Name:	
Email:	
Tel:	Mobile:
The late	est date you need your passport returned in time for your travel:
aint Pier	re Miquelon is the territory of France.
~	Saint Pierre Miquelon tourist visa checklist
	Filled out and signed Saint Pierre Miquelon tourist visa application form. The form is enclosed.
	Original passport and its copy: A signed national passport or official travel document issued less than 10 years ago, valid for at 8 months beyond the validity of the requested visa; The passport must contain two blank 'visa' pages.
	Passport Photo: Include a passport style photo, with a white background, taken within the last 6 months. You may also choose to d a photo to your order for us to print. There is a surcharge associated with this service.
	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 from Saint Pierre Miquelon.
	Itinerary. Copy of itinerary showing exact dates of travel from airline or travel agent. Please note that the number of entries on risa will be based upon your itinerary.
specif	Travel Insurance. Letter on company letterhead from Health Insurance Company indicating the coverage plan for the applicant, ically 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).



24 Tufton Street London SW1P 3RB

Tel: 4420 4577 3307



Bank Statement. Copy of a recent bank statement showing	proof of sufficient funds (at least GBP 60 per day).					
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 Saint Pierre Miq license and tax return. If you are retired please submit proof of your						
Hotel Reservations. Copy of confirmed hotel reservations including name of the applicant, name and address of the hotel, duration of stay.						
Purpose of Travel/Stay. Reservation confirmation of an organic	anised trip or any other document describing the planned programme.					
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	ping fee to the total and provide return address: Name: Company: Address: City: Postal code:					



24 Tufton Street London SW1P 3RB

Tel: 4420 4577 3307



Saint Pierre Miquelon Tourist visa Application

Type of visa	Validity	Processing time	Embassy fee	Service fee	VAT	Total
Single entry	up to 90 days	15 business days	£55.00	£120.00	£24.00	£199.00

This order is subject to Terms of Service, posted on VisaHQ website.

All fees and requirements may change without notice.



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 ${\bf f}$

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

	ш	\sim	т.	$\overline{}$
РΙ		U		O

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:					
	1					Application lodged at Embassy/consulate
4. Date of birth (day-month-year)	e of birth (day-month-year) 5. Place of birth 7. Current nationality Nationality 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	uivalent		No		Valid until	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	t transit	☐ Other (plea	se specify)			

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						
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						
☐ Credit card	☐ Cash					
☐ Prepaid accommodation	nmodation provided					
☐ Prepaid transport						
Other (please specify)						

☐ 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 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						
Place and date			Signature (for minors, signature of parental author	ority/legal guardian):		

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