

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 latest date you | u need your passport returned in time for your travel: |
| | |
| Saint Pierre Miquelor | is the territory of France. |
| Saint Pie | erre Miquelon tourist visa checklist |
| Filled out a | nd signed Saint Pierre Miquelon tourist visa application form. The form is enclosed. |
| | ssport and its copy: A signed national passport or official travel document issued less than 10 years ago, valid for at rond the validity of the requested visa; The passport must contain two blank 'visa' pages. |
| - | hoto: Include a passport style photo, with a white background, taken within the last 6 months. You may also choose to your order for us to print. There is a surcharge associated with this service. |
| Payment. C | redit Card Authorization form, Postal Order payable to VisaHQ.co.uk . |
| Return mai | ler. Prepaid self-addressed return label or payment for Royal Mail. |
| Proof of Stareturn from Saint P | atus. Original ILR card or other proof of resident status in the UK, this should be valid for more than 6 months after your Pierre Miquelon. |
| | opy of itinerary showing exact dates of travel from airline or travel agent. Please note that the number of entries on ased upon your itinerary. |
| specifically stating | rance. Letter on company letterhead from Health Insurance Company indicating the coverage plan for the applicant, that the applicant will be covered while traveling internationally and indicating the validity of this coverage (with a coverage of GBP 22,000). |



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| Fmployment Letter. Copy of a letter from your employer on business letterhead, with contact details, stating that a leave of | | | | | | |
|--|------|--|--|--|--|--|
| 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 Miquelon. 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. | | | | | | |
| 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 organised trip or any other document describing the planned program | mme. | | | | | |
| 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 fill Same day Central London courier delivery - from fill Royal Mail Special Delivery by 9 am (Next Day) - from fill Royal Mail Special Delivery Saturday Guarantee before 1pm (Next Day) - from fill Same Day Outside Central London - from fill UK Next Day courier delivery - from fill Royal Mail Special Delivery Saturday Guarantee before 9am (Next Day) - from fill VHQ same day Central London - from fill Airport Service MEET&GREET - from fill Airport Delivery HEATHROW - from fill Airport Delivery GATWICK - from fill Prepaid self addressed mailer - fill Local pick up in London - fill | | | | | | |



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| 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.



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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 name(s)) (x) | | | | | | Date of application: | | |
| 3. First name(s) (Given name(s)) (x) | Visa application number: | | | | | | | |
| | Application lodged at Embassy/consulate | | | | | | | |
| 4. Date of birth (day-month-year) | 5. Place | CAC | | | | | | |
| | ☐ Service provider | | | | | | | |
| 8. Sex | ☐ Commercial intermediary | | | | | | | |
| ☐ Male ☐ Female | | 9. Marital sta | | I □ Separated □ |] Divorced ☐ Widow(er) | ☐ Border | | |
| Mate Ternate | 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 applicat | 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 ☐ Vis☐ 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) 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) | | | | | | | |
| * 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 | Means of | support | | | | | |
| ☐ Credit card | ☐ Cash | | | | | | |
| ☐ Prepaid accommodation | ☐ Accoi | nmodation provided | | | | | |
| ☐ Prepaid transport | ☐ All ex | spenses covered during the stay | | | | | |
| Other (please specify) | 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) | ture (for minors, signature of parental authority/legal ian) | | | |
| | 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 authority/legal guardian): | | | | | | |

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