



MINISTRY OF FOREIGN AFFAIRS
THE COMMONWEALTH OF THE BAHAMAS
VISA APPLICATION FORM
 (to be completed in **BOLD CAPS** with black or blue ink)

(to be completed by the Applicant or their Guardian)

Visa Type Visitor <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Seaman <input type="checkbox"/>		Entry Type Single Entry <input type="checkbox"/> Multiple Entry <input type="checkbox"/>		Who is paying for your trip to The Bahamas? _____	
Arrival Date (dd/mm/yyyy)	Intended Length of Stay	Are dependents traveling with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Spouse traveling with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	How much money is available for your stay?	
1. TRAVEL DETAILS					
Purpose of Visit Vacation <input type="checkbox"/> Business <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official/Service <input type="checkbox"/> Conference/Seminar <input type="checkbox"/> Seaman <input type="checkbox"/> Entertainment <input type="checkbox"/> Sports/Athlete <input type="checkbox"/> Religious <input type="checkbox"/> Student <input type="checkbox"/> Visiting Family (Spouse <input type="checkbox"/> Children <input type="checkbox"/> Parents <input type="checkbox"/> Sisters/Brothers <input type="checkbox"/>) Other <input type="checkbox"/> If other family member, provide relationship _____					
2. PERSONAL DETAILS					
Surname		Given Name(s)		Maiden Surname (if applicable)	
Sex Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified <input type="checkbox"/>		Place of Birth		Country of Birth	
Date of Birth (dd/mm/yyyy)		National Identification Number		Nationality	
3. PASSPORT DETAILS					
Passport Number		Date Issued (dd/mm/yyyy)	Date Expired (dd/mm/yyyy)	Place and Country of Issue	
_____ _____					
4. FAMILY DETAILS					
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/>					
Father's Full Name			Nationality		
_____			_____		
Mother's Full Name			Nationality		
_____			_____		
Spouse's Name (even if divorced or separated, include maiden name)				Date of Birth (dd/mm/yyyy)	
_____				_____	
List full names of dependents (and/or children)			Relationship to Applicant		
_____			_____		
_____			_____		
_____			_____		
Are any of the following persons in The Bahamas?					
Relative		Residential Status			
Father	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>	Resident	<input type="checkbox"/>
Mother	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>	Home Owner	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>
Siblings/s	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>	Home Owner	<input type="checkbox"/>
Children	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>
		Resident	<input type="checkbox"/>	Home Owner	<input type="checkbox"/>
		Resident	<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>
		Resident	<input type="checkbox"/>	Home Owner	<input type="checkbox"/>
		Resident	<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>
		Resident	<input type="checkbox"/>	Home Owner	<input type="checkbox"/>
		Resident	<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>
		Resident	<input type="checkbox"/>	Home Owner	<input type="checkbox"/>
		Resident	<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>

5. EMERGENCY CONTACT DETAILS

Name	Relationship to Applicant
_____	_____
Address	Telephone Number(s)
_____	home _____
_____	work _____
_____	mobile _____

6. CONTACT DETAILS

Email Address			
Permanent Address (include Apt. No., Street, City, State, Country)		Present Address (include Apt. No., Street, City, State, Country)	
_____		_____	
_____		_____	
Telephone (Home)	Telephone (Work)	Mobile	Fax

7. TRAVEL INFORMATION

Name of Person/Hotel	Address of Person/Hotel
_____	_____
_____	_____
Telephone (person/hotel)	Mode of Arrival
_____	Air <input type="checkbox"/> Sea <input type="checkbox"/>
Email Address (person/hotel)	

8. EMPLOYMENT/SCHOOL DETAILS

Occupation	No. of Years Employed	Employer/School – Name, Address, and Telephone (if applicable)
_____	_____	_____
_____	_____	_____
Former Occupation (if employed for less than 5 years in the present occupation)	No. of Years Employed	Previous employer/school – Name, Address, and Telephone (if applicable)
_____	_____	_____
_____	_____	_____

9. CRIMINAL DETAILS

Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide Description of Offence (if convicted)	

Date of Offence (if convicted) dd/mm/yyyy	Place of Offence (if convicted)	Penalty of Offence (if convicted)
_____	_____	_____
Have you ever been involved in the commission, preparation, organisation, or support of acts of terrorism, either within or outside The Bahamas or have you ever been a member of any organisation which has been involved in or advocated terrorism? If yes, please provide details.		
Yes <input type="checkbox"/> No <input type="checkbox"/>		

10. ADDITIONAL DETAILS

Have you ever visited The Bahamas? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of last visit (dd/mm/yyyy)	Have you ever applied for a Bahamas Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and where _____ _____ What was the outcome of your application? Visa Granted <input type="checkbox"/> Visa Denied <input type="checkbox"/>	Have you ever been deported, remanded or required to leave The Bahamas? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, briefly explain why. _____ _____
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11. DECLARATION OF APPLICANT

I certify that I have read and understood all the questions in this application and the answers I have given are true and correct to the best of my knowledge and belief. I understand that possession of a visa does NOT automatically entitle one to enter The Bahamas at a port of entry.

Signature of person preparing form: _____ Date (dd/mm/yyyy): _____

Signature of Applicant: _____ Date (dd/mm/yyyy): _____