



COMMONWEALTH OF DOMINICA

VISA APPLICATION FORM

**PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM**

1. Passport Number				2. Place of Issuance: City		Country		State/Province	
3. Issuing Country			4. Issuance Date (dd-mm-yyyy)			5. Expiration Date (dd-mm-yyyy)			
6. Surname (As in Passport)				7. First and Middle Names (As in Passport)					
8. Other Surnames Used (Maiden, Religious, Professional, Aliases)									
9. Other First and Middle Names Used					10. Date of Birth (dd-mm-yyyy)				
11. Place of Birth: City		Country		State/Province		12. Nationality (ies)			
13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	14. Other Identification		15. Home Address (include apartment number, street, city or province, postal zone and country)						
16. Home Telephone Number			Business Phone Number			Mobile/Cell Number			
Fax Number			Business Fax Number			Pager Number			
17. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separate			18. Spouse's Full Name (Even if divorced or separated. Include maiden name)  Name of children			19. Spouse's DOB (dd-mm-yy)			
20. Name and Address of Present Employer or School Name: Address:									
21. Present Occupation (indicate if retired or a student).				22. When do You intend to Arrive in the Commonwealth of Dominica. (Provide Specific date if known)					

23. At what address will you stay in Dominica?

24. Name and Telephone Numbers of Person in Dominica who you will be Staying with or Visiting for Tourism or Business.

Name

Home Phone

Business Phone

Cell Phone

25. How Long Do you intend To Stay in Dominica?

26. What is the Purpose of Your Trip?

27. Who will pay for Your Trip?

28. Have you ever been to Dominica? Yes  No

When? .....

For How Long? .....

29. Have You Ever Been Issued a Dominican Visa?  Yes  No

When? .....

Where? .....

What type of Visa? .....

30. Have you ever been refused a Dominican Visa?  Yes  No

When? .....

Where? .....

What type of Visa? .....

31. Do you intend to Work in Dominica?

Yes  No

*(if yes, give the name and complete address of Dominican employer)*

32. Do You Intend to Study in Dominica?  Yes  No  
*(if YES, give the name and complete address of the school:)*

33. Name and Relationships of Persons Travelling with you.

34. Has your Dominican Visa ever been canceled or revoked

Yes  No

35. Are any of the following persons in Dominica or have residence or work Permit?

Mark YES or NO and indicate that person

Yes  No Husband/.....  Yes  No Fiancé/.....  Yes  No Brother/.....  
 Wife Fiancée Sister  
 Yes  No Father/.....  Yes  No Son/.....  
 Mother Daughter

36. PLEASE CHECK THE APPROPRIATE BOX FOR EACH ITEM.

- (i) Have you ever been arrested or convicted for any offence or crime, even though subject of a pardon, or other similar legal action:  Yes  No
- (ii) Have you ever unlawfully distributed or sold a controlled substance (drug) or been a prostitute or procurer for prostitutes?  Yes  No
- (iii) Have you ever been refused admission to Dominica or been the subject of a deportation hearing, or sought to obtain or assist others to obtain a visa, entry into Dominica, or any other Dominican immigration benefit by fraud or willful misrepresentation or other unlawful means?  Yes  No
- (iv) Do you seek to enter Dominica to engage in export prostitution, human smuggling, subversive or terrorist activities, or any other unlawful Purposes?  Yes  No
- (v) Have you ever violated the terms of a Dominican visa, or been unlawfully present, in or deported from Dominica ?  Yes  No
- (vi) Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder, or ever been a drug abuser or addict?  Yes  No

37. Was this Application prepared by Another Person on Your Behalf?  Yes  No  
 (If answer is YES, then have that person complete item 38.)

38. Application Prepared By:

NAME: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Signature of Person Preparing Form: \_\_\_\_\_ DATE (dd-mm-yyyy) \_\_\_\_\_

Signature, Seal and Contact details of Notary Public/Commissioner of Oath

\_\_\_\_\_  
NAME IN BLOCK

\_\_\_\_\_  
SEAL

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NO.

39. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the Commonwealth of Dominica. I understand that possession of a visa does not automatically entitle the bearer to enter the Commonwealth of Dominica upon arrival at a port of entry if he or she is found inadmissible.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE (dd-mm-yyyy) \_\_\_\_\_

\_\_\_\_\_  
NAME IN BLOCK

\_\_\_\_\_  
SEAL

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NO.

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Signature of Person Preparing Form: \_\_\_\_\_ DATE (dd-mm-yyyy) \_\_\_\_\_

Signature, Seal and Contact details of Notary Public/Commissioner of Oath

NAME IN BLOCK

SEAL

ADDRESS

TELEPHONE NO.

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APPLICANT'S SIGNATURE \_\_\_\_\_ DATE (dd-mm-yyyy) \_\_\_\_\_

NAME IN BLOCK

SEAL

ADDRESS

TELEPHONE NO.

**DO NOT WRITE BELOW THIS LINE**

**TYPE OF VISA ISSUED:**

**DURATION** .....

**DATE OF ISSUE:**

.....

**CONDITIONS IF ANY**

.....

.....

**APPLICATION REVIEWED BY:**

.....

**APPLICATION GRANTED BY:**

.....

**PARTICULARS OF PAYMENT:**

.....

**VISA REFUSED:**

.....

**LIST OF DOCUMENTS TO BE SUBMITTED WITH VISA APPLICATION FORM ARE AS FOLLOWS:**

- ◆ *Valid passport and 2 passport sized (recent) photographs*
- ◆ *Bank statement from bank or sponsor*
- ◆ *Employment letter (if employed) or proof of self employment*
- ◆ *Invitation letter*
- ◆ *Recent police record issued within the preceding three (3) months of application*
- ◆ *Application fee (bank draft of \$52 US/\$133.50 EC) payable to the Accountant General*
- ◆ *Medical report including HIV/Aids test*
- ◆ *All relevant information (including foreign languages) should be written and or translated into English.*
- ◆ *Signature of applicant (s) to be notarised or sworn to before a Commissioner of Oaths, whose full contact information must be provided.*

**PLEASE TAKE NOTE THAT ALL  
DOCUMENTS/COPIES/SIGNATURES SHOULD BE NOTARISED OR  
ENDORSED BY CERTIFIED TRANSLATORS.**