



**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? _____
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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?
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### 1. TRAVEL DETAILS

<b>Purpose of Visit</b> 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 _____				
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### 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 _____
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### 4. FAMILY DETAILS

<b>Marital Status</b> 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	Work Permit	Resident	Home Owner	Permanent Resident	Citizen
Father	<input type="checkbox"/>					
Mother	<input type="checkbox"/>					
Spouse	<input type="checkbox"/>					
Sibling/s	<input type="checkbox"/>					
Children	<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
Email Address (person/hotel)	Air <input type="checkbox"/> Sea <input type="checkbox"/>

## 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  No  \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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 _____ _____	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. _____
What was the outcome of your application? Visa Granted <input type="checkbox"/> Visa Denied <input type="checkbox"/>		

## 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):	_____ _____