



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"/>	Home Owner <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Citizen <input type="checkbox"/>
Mother <input type="checkbox"/>	Work Permit <input type="checkbox"/>	Resident <input type="checkbox"/>	Home Owner <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Citizen <input type="checkbox"/>
Spouse <input type="checkbox"/>	Work Permit <input type="checkbox"/>	Resident <input type="checkbox"/>	Home Owner <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Citizen <input type="checkbox"/>
Sibling/s <input type="checkbox"/>	Work Permit <input type="checkbox"/>	Resident <input type="checkbox"/>	Home Owner <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Citizen <input type="checkbox"/>
Children <input type="checkbox"/>	Work Permit <input type="checkbox"/>	Resident <input type="checkbox"/>	Home Owner <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Citizen <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 <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. _____ _____	
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): _____	