

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? <input type="checkbox"/> Yes <input type="checkbox"/> No When? For How Long?
29. Have you ever been issued a Dominican Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where? What type of Visa?	30. Have you ever been refused a Dominican Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where? What type of Visa?
31. Do you intend to work in Dominica? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if YES, give the name and complete address of Dominican employer)</i>	32. Do You Intend to Study in Dominica? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if YES, give the name and complete address of the school.)</i>
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 Permits?

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?

(If answer is YES, then have that person complete item 38.)

Yes No

38. Application Prepared By:

NAME: _____ Relationship to Applicant: _____

ADDRESS: _____

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

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): _____

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*
- ◆ *Application fee (Bank Draft of *\$50 US/\$133.50 EC.)*
- ◆ *All relevant information (including foreign languages) should be written and or translated into proper English.*
- ◆ *Medical Report including HIV/AIDS Test*

Please take note that all documents/copies should be notarised.