



Commonwealth of The Bahamas
EMBASSY OF THE COMMONWEALTH OF THE BAHAMAS
 2220 Massachusetts Avenue, N.W., Washington D.C. 20008
 Tel: (202) 319-2660 Fax: (202) 319-2668

Visa Application Form

Visa No...../.....

Section A – Personal Information

1. FULL NAME: _____
Last Name First Name Middle Name
2. FORMER NAME: _____
3. COUNTRY OF BIRTH: _____
4. COUNTRY OF CITIZENSHIP: _____
5. DATE OF BIRTH: _____
(DD/MM/YY)
6. SEX: _____
7. MARITAL STATUS: (Married) (Single) (Divorced) (Widowed)
8. COLOR OF EYES: _____
9. COLOR OF HAIR: _____
10. HEIGHT: _____
11. NAMES, DATES OF BIRTH AND PLACES OF BIRTH OF MINOR CHILDREN IF ACCOMPANYING YOU:

12. PRESENT ADDRESS: _____
 PERMANENT ADDRESS: _____
 TELEPHONE NUMBER: (Work) _____ (Home) _____
13. OCCUPATION: _____ EMPLOYER: _____
 ADDRESS OF EMPLOYER: _____

Section B – Travel Information

1. PASSPORT/DOCUMENT NO. _____ PLACE OF ISSUE _____
 DATE OF ISSUE: _____ EXPIRY DATE: _____
2. TYPE OF U.S. VISA: _____ PLACE OF ISSUE: _____ EXPIRY DATE: _____
(or immigration status)
3. PROPOSED DATE OF ARRIVAL IN THE BAHAMAS: _____
4. DATE OF PREVIOUS TRAVEL TO THE BAHAMAS: _____
5. REASON FOR JOURNEY: _____
6. LENGTH OF STAY: _____
7. FINANCIAL RESOURCES FOR VISIT: _____
8. CONTACT PERSON: _____
 PLACE OF STAY: _____
 ADDRESS: _____
9. SIGNATURE: _____ DATE: _____
DD/MM/YY

PASSPORTS PLUS, INC

5177 Richmond Ave, Suite 675, Houston, TX 77056

Toll Free: (888) 821-8472 Tel: (713) 821-0144 Fax: (713) 821-0145 Web site: www.passportsplus.com

VISA PROCESSING ORDER FORM

I. DEPARTURE DATE: _____ II. NEED BY DATE: _____

III. FULL NAME OF APPLICANT(S):

FIRST NAME MIDDLE LAST NAME DATE OF BIRTH

IV. VISA(S) REQUESTED:

Country 1: _____ Country 2: _____ Country 3: _____

Visa Type: Tourist Business Work Student Transit

Number of Entries: Single Double Multiple

V. FEES (All fees are non-refundable):

Consulate Fee: \$ _____

Service Fee: \$ _____

Return FedEx: \$ _____ TOTAL FEE: \$ _____

\$18.00: FedEx (up to three passports)

\$22.00: FedEx (four to six passports or overweight package)

\$28.00: FedEx to Alaska, Hawaii and Puerto Rico or Saturday Delivery

VI. SHIPPING ADDRESS AND PHONE NUMBER:

Please provide the **exact** address where you want your completed passport to be Federal Expressed to. Incorrect address will impose a reroute fee of \$20.00. **Federal Express will not deliver to a PO Box.**

Company Name (if applicable): _____

Shipping Address: Street _____

City _____ State _____ Zip _____

Attn: _____ Signature Required? YES NO

Contact Phone No: (_____) _____

VII. PAYMENT INFORMATION (No personal check for same or next day processing):

We accept Visa, MasterCard, American Express and Discover. We also accept money orders, company and personal checks payable in U.S. dollars only and made out to "Passports Plus, Inc".

Card Type*: Visa MasterCard American Express Discover

Credit Card #: _____ Expiration Date: _____

Cardholder (as it appears on card): _____ Security Code: _____

* Credit card payment is subject to a 3% or \$3 charge, whichever is greater.

I have read and agreed to the terms and conditions listed on www.passportsplus.com/disclaimer.html. I understand that requirements and fees are subject to change without prior notice, and all fees are non-refundable. I authorize Passports Plus, Inc to charge the amount due to my credit card:

Signature(s)

Date