Antigua and Barbuda Non Immigrant Visa Application

No.....



Photograph



Biographical and Passport Data	Please complete this application in print or type						
Last Name:	First Name/s:						
Former Name/s ,(if applicable):	Date of Birth:						
Place of Birth:	Sex: Height:						
Nationality:	Former Nationality, (if applicable):						
Marital Status:	Profession or Occupation:						
Resident of USA: Yes ? No ? (if no continue below)			Address and Telephone No.: (for US or Canadian Resident)				
Resident of Canada: Yes ? No ?	(if no cont	inue below)				,	
Date of entry into USA /Canada:	Pate of entry into USA /Canada: From:			Type of Visa: Valid Until:			
Address in the USA / Canada:			Permanent Address:				
Telephone number in USA:	Telephone number at Permanent Address:						
Passport No.:	Valid Until:						
Place of Issue:	Date of Issue:						
Information on Accompanying Minors			•				
Name:	Date of	Birth:		Passport No. :			
Name:	Date of Birth:			Passport No.:			
Entry Information Date of last visit (if any) to Antigua and Barbu Duration of proposed stay in Antigua and Bar	Proposed date of travel to Antigua and Barbuda: Are you in possession of onward or return ticket?: Yes? No?						
Place of Stay:	Purpose of Visit:						
Financial means at applicant's disposal durin	If Official / Business visit provide name/address/telephone of host:						
I hereby declare that the statement given above is and immigration status and period of stay is dependent the bearer to enter Antigua and Barbuda if upon arrifor refund or compensation.	ent upon t	he immigration	authorities upon	arrival. I u	inderstand that po	ssession of a visa does not entitle	
Applicant's Signature: Date of App			lication:		Place:		
For Official Use Only							
Visa No.:	Type of	Visa issued:				Date of Issue:	
Receipt No.:	Charges: Paym		ent Type:		Drawn on:		
Accepting Officer:	Notes:	,		Notes:			
FORM VA1 No. 2-00							