



# VISA APPLICATION FORM

Please complete and e-mail back to [visa-bh@ubm.com](mailto:visa-bh@ubm.com)

Return with clear copies of passport pages. For multiple applications please duplicate this form and complete for each applicant.

## 1. YOUR CONTACT DETAILS

Title <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss			
First Name	<input type="text"/>	Surname	<input type="text"/>
Company name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
ZIP/Postcode	<input type="text"/>	Tel	<input type="text"/>
		Fax	<input type="text"/>
Nationality	<input type="text"/>	Religion	<input type="text"/>
Date of birth	<input type="text"/>	Place of birth	<input type="text"/>
	DD MM YYYY		

## 2. PASSPORT DETAILS

Passport number	Date of issue	Date of expiry	Place of issue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DD MM YYYY	DD MM YYYY	

## 3. VISA DURATION & PRICE *(select visa duration and price as appropriate)*

FOR TWO WEEKS <input type="radio"/>	<b>BD 31 (USD 82)</b> Amount payable	<b>OR</b>	FOR ONE MONTH <input type="radio"/>	<b>BD 42 (USD 112)</b> Amount payable
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## 4. PAYMENT *(Credit Card)*

I authorise my credit/charge card to be debited the amount indicated above.

CARD TYPE	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express		
CARD NUMBER	<input type="text"/>	EXPIRY DATE	<input type="text"/>
			MM / YY
NAME ON CARD	<input type="text"/>		
SIGNATURE	<input type="text"/>		
	<i>Digitally sign or print and sign</i>		
CARDHOLDER BILLING ADDRESS	<input type="text"/>		
	<i>(if different to above)</i>		
E-mail	<input type="text"/>		



UBM



AEM

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