

The Travel Visa Company

Your Dedicated, Worldwide Travel Visa Agency



REFERRED BY

i.e. Travel Agent / Tour Operator / Cruise Line / Search Engine / Repeat Customer / Friend / Other

You **MUST** return this front page with your application.

RETURN ADDRESS

The Travel Visa Company Ltd.

Unit 2A, The Courtyard Regents Park, London Road Nantwich, Cheshire CW5 6LW



SUPPORT

If you have any queries or would like additional assistance when completing your application, please contact us and one of our team would be happy to assist.



Telephone: 01270 904 907



Email: applications@thetravelvisacompany.co.uk





Azerbaijan Tourist e-Visa Application Pack

Thank you for requesting an application pack for an Azerbaijan Tourist E-Visa.

Please complete the following three sections and then return the application pack and all supporting documents to The Travel Visa Company Ltd.

- 1. Checklist of the documents required
- 2. Service and delivery options
- 3. Address and payment details

1 PLEASE NOTE

Your passport should be valid for at least 6 months from the date of arrival in Azerbaijan and have at least two blank visa pages. Once issued, the e-Visa will be valid for 90 days and permits a single entry of up to 30 days.

If you are transiting through Azerbaijan you will not require an e-Visa.

1. Checklist of the documents required

√	Please tick to confirm you have provided the following:
	AZERBAIJAN E-VISA APPLICATION FORM – Please find attached. It is important to carefully read through all the questions and fully complete all forms in BLOCK CAPITALS with a BLACK PEN . All application forms MUST be printed single-sided. Application forms printed double-sided WILL NOT be accepted.
	COPY OF PASSPORT – Please include a copy of the photograph/information page of your passport. Your passport must be valid for at least 6 months upon return to the UK.
•	Failure to provide us with these documents will result in delays with your application.





2. Service and delivery options

✓ Please tick to confirm which service and delivery type you are requesting:

Service Type	Processing Time	Embassy Fee	Service Fee	VAT	Total
Standard	10 days*	£20.00	£41.63	£8.32	£69.95
Priority	5 days*	£47.00	£44.13	£8.82	£99.95

*Working days excluding postal days.





Delivery Type	Price	DATE OF TRAVEL		
Email Confirmation	-	700		
Provide Pre-Paid Envelope*	-	DD MM YYYY		
Posted Confirmation	£5.00	LENGTH OF STAY		
Collect from TVC Office	-	Days		
*If you provide a pre-paid envelope 3. Address and paymer		it has your return address and the correct postage amount		
me:		Credit/Debit Card		
dress:		Name on card:		
		Card Number:		
		cara ramber.		
tcode:		Expiry Date: CVC:		
ephone:				
ail:		Paypal paypal@thetravelvisacompany.co		
		Cheque		
EMAIL MARKETING (not red	quired)	BACS Reference:		
I would like to sign up to the TVC We do not share your data with a	nny third	Cheque/BACS payments are to be made payable to "The Travel Visa Company Ltd."		
parties. To view our privacy policy, visit: www.thetravelvisacompany.co.uk/privacy		Bank Details: 68032405 / 08-92-50		
TERMS & CONDITIONS (r	equired)			
	I have read, fully understood and agree to the Terms & Conditions and Client Declaration.			
www.thetravelvisacompany.co.uk/terms www.thetravelvisacompany.co.uk/declaration				
Signed:		Date:		
Please contact us if you would li	ike to receive a រ	printed copy of these documents.		





Azerbaijan E-Visa Application Form

Tel: +44 (0) 1270 904 907 applications@thetravelvisacompany.co.uk www.thetravelvisacompany.co.uk

Applicant Details

Applicant Details	
Surname:	
	As shown in passport
Given name(s):	
	As shown in passport
Gender: Male Female	
Date of birth:	DD/MM/YYYY
Place of birth:	
Town/City:	
State/Province:	
Country:	
Nationality:	
Occupation:	
Passport Details Passport type: Regular Off	ficial Diplomatic
	Topomase
Passport number:	
Issuing country:	
Issuing authority:	
Issue date:	DD/MM/YYYY
Expiry date:	DD/MM/YYYY
Applicant Contact Details	
Phone number: +44	
Email address:	
Current address:	
Street:	
Town/City:	
State/Province:	
Postcode:	
Country:	

Travel Details

Date of arrival:	DD/MM/YYYY
Purpose of travel:	Madia-laurana
Tourism Business Education	Medical treatment
Address in Azerbaijan:	
Street:	
Town/City:	
State/Province:	
Postcode:	
Country:	
regions of the Republic of Azerbaijan of Republic of Armenia since 1991 withous sion of the Republic of Azerbaijan?	
Please tick to confirm you have read, fully understood and agre I, the applicant, hereby certify that I have read, or ha statements on this application and understand all th application. The answers and information furnished to the best of my knowledge and belief.	we had read to me, all the questions and ne questions and statements on this
Print name (BLOCK CAPITALS):	
Date:	(DD/MM/YYYY)

Phone number:	+44		
Email address:			
Current address:			
Street:			
Town/City:			
State/Province:			
Postcode:			
Country:			