

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





Barbados Customs & Immigration Form Application Pack

Thank you for requesting an application pack for a Barbados Customs & Immigration Form.

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

A Barbados Customs & Immigration Form can only be submitted to the Barbadian authorities once we are within 72 hours of your entry date. Applications can be made to The Travel Visa Company at **any time**, and we will submit your application to the Barbadian authorities once we enter the 72 hour application window.

We will not accept applications submitted to us within 5 working days of your entry date into Barbados.

1. Checklist of the documents required

√	Please tick to confirm you have provided the following:
	BARBADOS CUSTOMS & IMMIGRATION 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 your entire duration of stay in Barbados.

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	Service Fee	VAT	Total
Standard	Processing will begin once we are within 72 hours of your arrival into Barbados.	£18.29	£3.66	£21.95

*Working days excluding postal days.

1 We will not accept applications submitted within 5 working days of your entry date.

Continued overleaf...





Delivery Type	Price	DATE OF TRAVEL
Email Confirmation	-	DD 1444 20004
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		e it has your return address and the correct postage amoun
ame:		Credit/Debit Card
ddress:		Name on card:
		Card Number:
stcode:		
lephone:		Expiry Date: CVC:
•		Paypal paypal@thetravelvisacompany.co
nail:		Cheque
EMAIL MARKETING (not rec	quired)	BACS Reference:
I would like to sign up to the TVC We do not share your data with a	ny third	Cheque/BACS payments are to be made payable to "The Travel Visa Company Ltd."
parties. To view our privacy policy www.thetravelvisacompany.co.ul		Bank Details: 68032405 / 08-92-50
TERMS & CONDITIONS (I	equired)	
	-	Terms & Conditions and Client Declaration.
www.thetravelvisacompany.co.	uk/terms	www.thetravelvisacompany.co.uk/declaration



Please contact us if you would like to receive a printed copy of these documents.



Barbados Customs & Immigration Application Form

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

Personal Information

Surname:		
		As shown in passport
Given name(s	s):	
		As shown in passport
Date of birth:		DD/MM/YYYY
Place of birth:	:	
Town/City:		
State/Province:		
Country:		
Nationality:		
Gender: 🔲 🛚	Male Female	
Passport Det	taile	
Passport type		☐ Diplomatic
Passport num		
Issuing count	ry:	
Issuing autho	ority:	
Issue date:		DD/MM/YYYY
Expiry date:		DD/MM/YYYY
Applicant Co	ontact Details	
Applicant Co		
	oer:	
Phone numb	oer: ss:	
Phone numb Email addres Current addi Street:	oer: ss:	
Phone numb Email addres Current addres Street: Town/City:	oer: ss: ress:	
Phone numb Email addres Current addres Street: Town/City: State/Province	oer: ss: ress:	
Phone numb Email addres Current addres Street: Town/City:	oer: ss: ress:	

Travel Details

Airline/vessel name	
Flight number/vessel registration number:	
Embarkation country:	
Port of embarkation:	
Date of arrival in Barbados:	
DD/MM/Y	YYY
Purpose of travel:	
Other	
Accommodation type:	
Address in Barbados:	
Street:	
Town/City:	
State/Province:	
Postcode:	
Length of stay:	
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Health information

Have you had any of the following symptoms in the past 7 days?		
Chills		
Cough		
Fever		
Headache		
Muscle aches		
Nausea/vomiting/diarrhoea/loss of appetite		
Rash		
☐ Shortness of breath		
Bruising or bleeding without previous injury		
☐ None of the above		
Have you been on a farm in the past 7 days?		
Yes		
□ No		



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Customs information

travel party bringing into Barbados? total pieces of luggage
total pieces of luggage
I will be:
Bringing fruits, plants, cut flowers, vegetables, soil, meat, live animals and organisms, honey, wildlife products, plant material food, animal products or live birds into Barbados: Yes No
Bringing pharmaceuticals into Barbados: Yes No
Bringing narcotics and other illicit drugs, biological substances, arms, ammunition, explosives, fireworks, toy guns or other weapons into Barbados: Yes No
Bringing commercial merchandise (e.g. articles for sale, samples used for soliciting orders or goods that are not considered personal effects) into Barbados: Yes No
Bringing currency or monetary instruments over BDS\$ 10,000 or equivalent into Barbados: Yes No
Please tick to confirm you have read, fully understood and agree to the following: I, the applicant, hereby certify that I have read, or have had read to me, all the questions and statements on this application and understand all the questions and statements on this application. The answers and information furnished in this application are true and correct to the best of my knowledge and belief.
Print name (BLOCK CAPITALS):
Date: (DD/MM/YYYY)

