

## 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.

First Floor Unit 10  
Alvaston Business Park  
Middlewich Road  
Nantwich, Cheshire  
CW5 6PF



### 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](mailto:applications@thetravelvisacompany.co.uk)**

## Equatorial Guinea Tourist E-Visa Application Pack

Thank you for requesting an application pack for a Equatorial Guinea 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

### PLEASE NOTE

An Equatorial Guinea E-Visa is valid for 90 days from the date of issue and permits a stay of up to either 30 or 90 days depending on the visa type requested.

## 1. Checklist of the documents required

✓ Please tick to confirm you have provided the following:

- EQUATORIAL GUINEA 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 **first two pages** of your passport, this is the bio-information page and the page that comes before it. Your passport must be valid for at least 6 months from arrival into Equatorial Guinea and must have at least 3 blank visa pages.
- PHOTOGRAPH x1** – The photograph must be standard passport size, taken within the last 6 months, against a light background, printed on photographic paper, be full face and non-smiling [without sunglasses, a hat/cap or other head covering, unless the applicant wears such items because of their religious belief or ethnic background].
- FLIGHT BOOKING** – Please provide a copy of your flight ticket confirmation. All flight booking documents must show applicant's names, and entry into/exit from Equatorial Guinea.
- ACCOMMODATION CONFIRMATION** – Please include a copy of the hotel booking confirmation detailing the address and check-in/out dates, or proof of your host's address in Equatorial Guinea.

- YELLOW FEVER CERTIFICATE** - Please include a copy of your up-to-date yellow fever vaccination certificate.
- TRAVEL INSURANCE** - Please include a copy of your travel insurance document. This must clearly show the period of cover.

**!** 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
<input type="checkbox"/>	Standard	15 days*	£60.00	£74.96	£14.99	<b>£149.95</b>
<input type="checkbox"/>	Priority	10 days*	£60.00	£91.62	£18.33	<b>£169.95</b>

\*Working days excluding postal days.

**!** If selecting our priority service, please address to "The Travel Visa Company – Priority".

Continued overleaf...

Delivery Type	Price
<input type="checkbox"/> Email Confirmation	-
<input type="checkbox"/> Provide Pre-Paid Envelope*	-
<input type="checkbox"/> Posted Confirmation	£5.00
<input type="checkbox"/> Collect from TVC Office	-

**DATE OF TRAVEL**

..... DD/MM/YYYY

**LENGTH OF STAY**

..... Days

\*If you provide a pre-paid envelope please ensure it has your return address and the correct postage amount.

### 3. Address and payment details

Name: .....

Address: .....

.....

.....

Postcode: .....

Telephone: .....

Email: .....

**Credit/Debit Card**

Name on card:

.....

Card Number:

.....

Expiry Date: ..... CVC: .....

**Paypal** paypal@thetravelvisacompany.co.uk

**Cheque**

**BACS** Reference: .....

Cheque/BACS payments are to be made payable to "The Travel Visa Company Ltd."

Bank Details: 68032405 / 08-92-50

**EMAIL MARKETING** (not required)

I would like to sign up to the TVC mailing list.

We do not share your data with any third parties. To view our privacy policy, visit:

[www.thetravelvisacompany.co.uk/privacy](http://www.thetravelvisacompany.co.uk/privacy)

**TERMS & CONDITIONS** (required)

I have read, fully understood and agree to the Terms & Conditions and Client Declaration.

[www.thetravelvisacompany.co.uk/terms](http://www.thetravelvisacompany.co.uk/terms)

[www.thetravelvisacompany.co.uk/declaration](http://www.thetravelvisacompany.co.uk/declaration)

Signed: ..... Date: .....

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

### Personal Information

Surname:  As shown in passport

Given name(s):  As shown in passport

Marital status:  Married  Divorced  Single  Widowed  
 Other

**If married** Name of spouse:

Gender:  Male  Female

Date of birth:  DD/MM/YYYY

Place of birth:

Town/City:	<input type="text"/>
State/Province:	<input type="text"/>
Country:	<input type="text"/>

Nationality:

### Applicant Contact Details

Phone number:  +44

Email address:

Current address:

### Employment Details

Current occupation:

Employer name:

Employer address:

Employer phone number:

Employer email address:

### Parent's Details

*You must still provide details if any of your parents are deceased.*

Father's surname:

Father's given name(s):

Mother's surname:

Mother's given name(s):

### Passport Details

Passport type:  Regular  Official  Diplomatic

Passport number:

Issuing country:

Issuing authority:

Issue date:  DD/MM/YYYY

Expiry date:  DD/MM/YYYY

### Accommodation Details

Hotel/host name:

Hotel/host address:

Hotel/host phone number:

Hotel/host email address:

### Travel Details

Date of arrival:	<input type="text" value="DD/MM/YYYY"/>
Port of arrival:	<input type="text"/>
Date of departure:	<input type="text" value="DD/MM/YYYY"/>
Length of stay:	<input type="text" value="Days"/>
Mode of travel:	<input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/> Land
Number of entries requested:	<input type="checkbox"/> Single entry <input type="checkbox"/> Multiple entry
Who is paying for the cost of your trip:	<input type="checkbox"/> Self <input type="checkbox"/> Host person <input type="checkbox"/> Host company
Means to support yourself in Equatorial Guinea:	<input type="checkbox"/> Pre-arranged accommodation <input type="checkbox"/> Cash <input type="checkbox"/> Credit/debit card
Cities to be visited:	<input type="text"/>
If you reside in a country other than your country of origin, do you have permission to return to that country?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

### Previous Travel Details

Have you previously visited Equatorial Guinea?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> Purpose of travel:	<input type="text"/>
<b>If yes</b> Date of travel:	<input type="text"/>
Have you had any other visas issued to you (by any country) in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> Please specify:	<input type="text"/>

### Emergency Contact Details

Please provide details of two different emergency contacts.

Emergency contact's name:	<input type="text"/>
Emergency contact's address:	<input type="text"/>
Emergency contact's phone number:	<input type="text" value="+44"/>
Emergency contact's name:	<input type="text"/>
Emergency contact's address:	<input type="text"/>
Emergency contact's phone number:	<input type="text" value="+44"/>

Please tick to confirm your application details:

- 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