

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





United States of America Business Visa Application Pack

Pre-Check & Application Registration

Thank you for requesting an application pack for a USA B1 Business 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

This visa application requires all applicants to make a personal appearance at the US Embassy in London. As part of our service, we will arrange this interview for you.

It is advised that applicants should not make any final travel plans until the visa application has been processed and the visa has been issued.

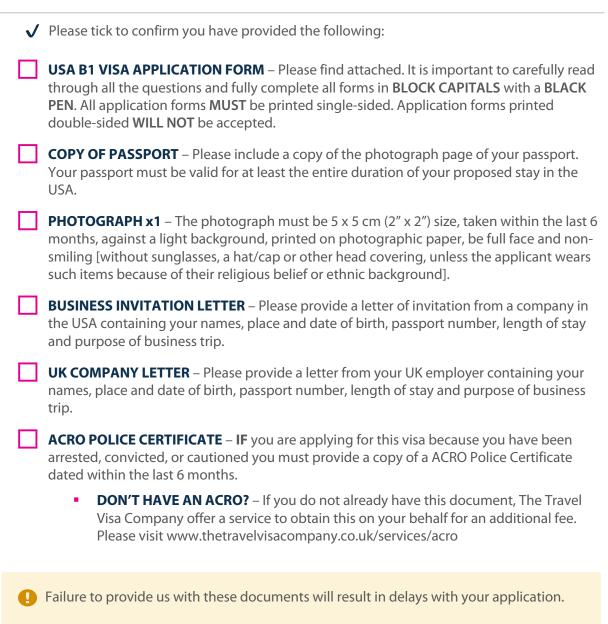
What is included with our Pre-Check and Application Registration service?

- We quality check your application form and all supporting documents to ensure you have provided all the required information, reducing the risk of refusal at the embassy.
- We complete the official online US B1 Visa application forms on your behalf.
- We arrange your appointment at the US Embassy in London at a convenient date and time (dependant on opening hours and appointment availability).





1. Checklist of the documents required





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	15 days*	£168.00 [†]	£109.96	£21.99	£299.95
Priority	5 days*	£168.00 [†]	£151.63	£30.32	£349.95

*Working days excluding postal days.

[†] Includes visa fee and courier fees.



Please be aware that during peak times Embassy appointments can be fully booked for up to several months at a time. The above processing times are The Travel Visa Company's and do not include the Embassy's interview wait time or processing time.

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

Continued overleaf...





	Delivery Type	Price		DATE OF TRAVEL
	Email Confirmation	-		DD MAA VVVV
	Provide Pre-Paid Envelope*	-		DD MM YYYY
	Posted Confirmation	£5.00		LENGTH OF STAY
	Collect from TVC Office	-		Days
3.	*If you provide a pre-paid envelope . Address and paymer		it has your r	eturn address and the correct postage amount.
Name	:			Credit/Debit Card
Addre	ess:			Name on card:
				Card Number:
Postco	ode:			
Telepl	hone:			Expiry Date: CVC:
Email:			Ш	Paypal paypal@thetravelvisacompany.co.uk
LIIIaII.				Cheque
	EMAIL MARKETING (not red	quired)		BACS Reference:
	I would like to sign up to the TVC			Cheque/BACS payments are to be made payable to "The Travel Visa Company Ltd."
	We do not share your data with a parties. To view our privacy policy www.thetravelvisacompany.co.ul	, visit:		Bank Details: 68032405 / 08-92-50
	www.thetraveivisacompany.co.u	к/рпчасу	'	
	TERMS & CONDITIONS (r			
	I have read, fully understood an www.thetravelvisacompany.co.			ditions and Client Declaration. etravelvisacompany.co.uk/declaration
	Signed:			Date:



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



Application Form

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

Personal Information

Surname:				
			As shown in p	assport
Given nar	ne(s):			
011 / 6 .			As shown in p	assport
Other / fo	rmer name(s):		lf app	plicable
Gender:	Male Fer	nale		
Marital sta	atus: Married	Divorced	Single W	idowed
	Other			
Date of bi	rth:		DD/MN	M/YYYY
Place of b	irth:			
Town/City:				
State/Provi	nce:			
Country:				
 Nationalit	·v·			
rvacionant	.,.			
Do you ha	ave or have you e	ver held anv	other nationaliti	os?
	_	ver ricia arry	otrici nationaliti	C3:
Yes	∐ No			
If yes	Other nationality	:		
	National ID numb	oer:		
			If ap	plicable
	Passport number	:		
			lf ap	plicable
	permanent reside f nationality? No Country:	ent of a cour	ntry other than y	our
National I	dentification Nun	nber:	Does not app	oly to me
US Social	Security Number:		Does not app	oly to me
US Taxpay	yer ID Number:		Does not app	oly to me

Passport Details

Passport	type: Regular Official Diplom	atic
Passport	number:	
Issuing co	ountry:	
Issuing a	uthority:	
Issue date	e:	DD/MM/YYYY
Expiry da	te:	DD/MM/YYYY
	u ever lost your passport or had one sto	len?
Yes	☐ No	
If yes	Passport number: Country:	Not known Not known

Travel Details

Purpose	e of travel to the U	S:		
	ou made any specif	fic travel plans?		
Yes	No			
If yes	Arrival date:			
	Arrival flight:			
	Arrival city:			
	Departure date:			
	Departure flight:			
	Departure city:			
	Location:			
	I			
lf no	Intended date of trav	vel:	D/MM/YYYY	
	Intended length of sta	ay:		
	I			



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Travel Details

Provide a rough idea of where you will be staying in the US: Town/City: State/Province: Postcode: Country: Who is paying for this trip? Self Other person Other company If other Name: Relationship to you: Telephone: Email: Address: Postcode: Are there other persons travelling with you? Yes ☐ No If yes Are you travelling as part of a group or organisation? Yes No If yes Group name: Travel companion details If no Surname: Given names: Relationship: Have you ever been to the USA? Yes ☐ No If yes Date of arrival: Length of stay: Date of arrival: Length of stay: Date of arrival: Length of stay:

Travel Details

Do you	or have you ever held a US driving license?	
Yes	□ No	
If yes	License No.: State of license:	
Have yo	ou ever been issued a US visa? (ESTA not included)	
If yes	Date of issue:	
	Date of expiry:	
	Visa number: (If known)	
	Are you applying for the same visa type? Yes No	,
	Are you applying in the same country or location where the visa above was issued, and is this country your place of principal residence? Yes No	
	Have you ever had your biometric information (fingerprints) collected by the US Embassy? Yes No	
	Have you ever had a US visa stolen or lost? Yes No	
	If yes Year it was stolen: Explain:	
	Have you ever had a US visa cancelled or revoked? Yes No	_
	If yes Explain:	





Application Form

Applicant Contact Details

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Travel Details

Have you ever been refused a US visa or been refused admission to the US?	Phone number:
☐ Yes ☐ No	Email address:
If Evaluing	
If yes Explain:	Current address:
	Street:
	Town/City:
	State/Province:
	Postcode:
Have you ever been denied travel authorisation by the Department of Homeland Security through the Electronic System of Travel Authorisation?	Country:
Yes No	Social Media Details
If yes Explain:	Do you have any social media accounts?
	If yes Social Media: e.g. Face
	Username:
<u> </u>	Social Media: e.g. Face
Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services?	Username:
☐ Yes ☐ No	If your spouse is deceased, please s
	Spouse Details If your spouse is deceased, please sideralis below, excluding address, please sideralis below, excluding address, please sideralis below.
US Point of Contact	Surname:
Organisation name:	Given name(s):
(If applicable)	
Surname:	Data of hinth.
	Date of birth: DD/M
Given names:	Nationality:
Date of birth: DD/MM/YYYY	Place of birth:
Relationship to you:	Address:
riciationship to you.	Street:
Address:	Town/City:
Street:	State/Province:
Town/City:	Postcode:
State/Province:	Phone number:
Postcode:	
Phone number:	Email address:
Email address:	





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Previous Spouse Details	Does not apply to me	Other Family Information
Surname:		Do you have any immediate relatives, not including parents, in the US?
Given name(s):		Yes No
		If yes Surname:
Date of birth:	DD/MM/YYYY	Given name(s):
Nationality:		Relationship to you:
Place of birth:		Relatives status:
Date of marriage:	DD/MM/YYYY	If no Do you have any other relatives in the US?
Date marriage ended:	DD/MM/YYYY	Yes No
Country marriage ended:		
How the marriage ended:		Work/Education/Training
		Occupation:
Parent Information		Employer name:
If deceased, you <u>must</u> still provide nam	e, nationality and DOB.	Employer Address: Street:
Father's surname:		Town/City:
		State/Province:
Father's given name(s):		Postcode:
		Employment start date: DD/MM/YYYY
Father's date of birth:	DD/MM/YYYY	Employer phone number:
Is your father in the US?		
Yes No		Monthly income:
If yes Status in the US:		Brief description of duties:
Nonimmigrant US Cit		
Resident Other	Do not know	
Mother's surname:		
Adults (see a see		
Mother's given name(s):		
Mother's date of birth:	DD/MM/YYYY	
Is your mother in the US?		
Yes No		
If yes Status in the US:		
Nonimmigrant US Cit	_ '	
Resident Other	Do not know	

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Work/Education/Training

Were you previo ☐ Yes ☐ No	usly employ	
If yes En	nployer name:	
	Address:	S
	ridaless.	Street: Town/City:
		State/Province:
		Postcode:
		Country:
P	hone number:	
	Job title:	
Superv	visor surname:	
Superviso	or given name:	
Employm	ent start date:	DD/MM/YYYY
Employm	nent end date:	DD/MM/YYYY
Brief desc	cription of dutie	es:
	led any educ	ational institutes at a secondary
level or above?	·	ational institutes at a secondary
level or above?	led any educ	ational institutes at a secondary
level or above? Yes No Nan Nan	·	
level or above? Yes No Nan Nan	ne of institute:	
level or above? Yes No Nan Nan	ne of institute:	Street:
level or above? Yes No Nan Nan	ne of institute:	Street: Town/City: State/Province: Postcode:
level or above? Yes No Nan Nan	ne of institute:	Street: Town/City: State/Province:
level or above? Yes No If yes Ins	ne of institute:	Street: Town/City: State/Province: Postcode:
level or above? Yes No If yes Nan Ins	ne of institute: titute address:	Street: Town/City: State/Province: Postcode:
level or above? Yes No If yes Nan Ins	ne of institute: titute address: ourse of study:	Street: Town/City: State/Province: Postcode: Country:
level or above? Yes No If yes Nan Ins	ne of institute: titute address: ourse of study: urse start date:	Street: Town/City: State/Province: Postcode: Country:
level or above? Yes No If yes Nan Ins Co Cou	ne of institute: titute address: ourse of study: urse start date: urse end date:	Street: Town/City: State/Province: Postcode: Country: DD/MM/YYYY DD/MM/YYYY
Ievel or above? Yes No If yes Nan Ins Co Cou Cou Cou The Details Do you belong to Yes No	ne of institute: titute address: ourse of study: urse start date: urse end date:	Street: Town/City: State/Province: Postcode: Country: DD/MM/YYYY DD/MM/YYYY
Ievel or above? Yes No If yes Nan Ins Co Cou Cou Cou Yes No	ne of institute: titute address: ourse of study: urse start date: urse end date: o a clan or a to	Street: Town/City: State/Province: Postcode: Country: DD/MM/YYYY DD/MM/YYYY

Other Details

Have you	I travelled to any countries within the last five yea	ars?
If yes	List all countries:	
ii yes		
	ı belonged to, contributed to, or worked for any ınal, social or charitable organisations?	
<u> </u>	_	
Yes	□ No	
If yes	Names of organisations:	\neg
	ave any specialised skills in firearms or explosives ir, biological or chemical experience?	5,
Yes	□ No	
If yes	Explain:	
	the state of the s	
-	u ever served in the military?	
Yes	□ No	_
If yes	Country:	
	Branch:	
	Rank/Position:	
		_
	Speciality:	
	Date from: DD/MM/YYY	Υ
	Date to: DD/MM/YYY	Υ
Наую ую	ı ever served in, been a member of, or been invol	hav
	rliamentary unit, vigilante unit, rebel group, guei	
or insurg	ent organisation?	
Yes	□ No	
If yes	Explain:	\neg
		_





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Security and Background Questions

Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhoea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectiousstage syphilis, active tuberculosis, and others diseases as determined by the Department of Health and Human Services.) Yes No
Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others? Yes No
Are you or have you ever been a drug abuser or addict? Yes No
Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others? Yes No
Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action? Yes No
Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? Yes No
Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years? Yes No
Have you ever been involved in, or do you seek to engage in, money laundering? Yes No
Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States? Yes No
Are you the spouse, son, or daughter of an individual who has committed a human trafficking offense and have you within the last five years, knowingly benefited from the trafficking activities? Yes No

Security and Background Questions

Have you knowingly aided, abetted, assisted or colluded with an individual who has committed or conspired to commit a severe human trafficking offense in the United States or outside the United States? Yes No
Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? No
Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? Yes No
Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations? Pes No
Are you a member or representative of a terrorist organization? Yes No
Are you the spouse, son, or daughter of an individual who has engaged in terrorist activity, including providing financial assistance or other support to terrorists or terrorist organizations, in the last five years? Yes No
Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? Yes No
Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? Yes No
Have you committed, ordered, incited, assisted, or otherwise participated in extra judicial killings, political killings, or other acts of violence? Yes No
Have you ever engaged in the recruitment or the use of the child soldiers? Yes No



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Security and Background Ouestions

Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom? Tes No
Have you ever been directly involved in the establishment or enforcement of the population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will? Yes No
Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue? Yes No
Have you ever been the subject of a removal or deportation hearing? Tes No
Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or wilful misrepresentation or other unlawful means? Yes No
Have you failed to attend a hearing on removability or inadmissibility within the last five years? Yes No
Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. visa? Yes No
Have you ever been removed or deported from any country? Yes No
Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court? Yes No
Have you voted in the United States in violation of any law or regulation? Yes No

Security and Background Questions
Have you ever renounced United States citizenship for the purpose of avoiding taxation? Yes No Have you attended a public elementary school on student (F) status or a public secondary school after November30, 1996 without reimbursing the school? Yes No
□ NO
Security and Background Questions
If you have answered yes to any of the Security and Background Questions, please explain (you must provide as much detail as possible):

