Visa application form

Kingdom of the Netherlands in the Caribbean

RECENT COLOUR PHOTO

3 x 4 cm

NB Read the explanatory note and guidelines through before filling in the form.

APPLICANT'S DETAILS

7//	LICANT S DETAILS					
1.	Surname(s) (as stated in travel docume	FOR OFFICIAL USE ONLY				
				Visa application number:		
2.	Given names (as stated in travel docum		Submitted on:			
				Submitted on.		
3.	Other surnames(s) (e.g. maiden name	Processed by:				
4.	Date of birth (Year-month-day) 6. Country of birth		7. ID number	Supporting documents Standard: Valid travel document Financial means Means of transport Health insurance/(medical) travel		
8.	Current nationality	9. Other nation	nality/nationalities	insurance insurance		
10. 5	ex 11.	Optional (depending on purpose of travel): Invitation Guarantee/guarantor's declaration VTA / landing permit / letter of notification / MVV-BES Other:				
14.	Type of travel document	Referral (yes/no): no, independent decision yes, referred to: (fill in: country and authority)				
15.	Travel document number	16. Issued by		Visa: ☐ Granted		
17.	Issued on	sued on 18. Valid to		Territorially Limited Visa due to: □ entry for specific purpose of travel		
19.	If you are currently living in a country other than your country of origin, has this country issued you with a re-entry permit? Not applicable No Yes (provide copy of document) Number of document: Issued on (date): Valid to:			☐ public order ☐ national security ☐ public health ☐ Refused Code for ground of refusal:		
19a.	What is your current permanent addre	ess?		Code for explanation:		
	Street and number: Place and postcode:	Number of entries: Multiple Single (for specific purpose of travel)				
	Country:			Period of stay for each visit:days		
	Telephone number:	Email:		(maximum of 30 consecutive days' stay in each country)		
20.	What is your current profession?			Valid from		
21.						

QUE	QUESTIONS ABOUT YOUR INTENDED JOURNEY AND PURPOSE(S) OF TRAVEL								
22.	What is your main de					NB for the purposes of questions 22, 24 and 30 Bonaire,			
	☐ Aruba ☐ Bonaire				Sint Eustatius and Saba are seen as 1 country (BES) when calculating the period of uninterrupted stay in 1 country.				
	Curação	Sint Eusta	atius						
	☐ Sint Maarten ☐ Saba								
23. Number of entries and period of validity of the visa				24. Period of stay (per visit per country)					
	STANDARD				(maximum uninterrupted stay in any one country is 30 days)				
	Multiple-entry, va	alid for 6 months			Visa required for: days each stay				
ОТНЕ	ER .								
	ingle-entry (for a speci Aultiple-entry, valid for		, valid for 90 days		NB You will need to be able to show you have sufficient means for the period of your stay in a country/countries of the				
I	ar / 1 to 2 years / 2 to 3		3 years		Kingdom of the Netherlands in the Caribbean				
(cros:	s out the categories tha	at do not apply)							
25.	Date of arrival in the	te of arrival in the Caribbean parts of the Kingdom 26. Date of departure from the Caribbean parts of the Kingdom							
27.	<u></u>								
	☐ Aeroplane ☐ Ship								
29.	Purpose of travel		Culture/Music	1 =	-: · · ·	Sport			
	☐ Tourism ☐ Business		☐ Official ☐ Medical reason			Religious			
	Family visit		☐ Work			☐ Timeshare / own property ☐ Study/education/work placement			
	Relocation		Humanitarian						
30.	Are you planning to v	risit other parts of th	e Caribbean in additio	n to yo	our main	destination? If so, please indicate below.			
						se of travel (choose one of the categories from question 29)			
	ruha		n/to and length of the : :days:		Purpo	se of traver (choose one of the categories from question 25)			
	uração		:days:		*************				
	int Maarten		:days:						
	onaire		:days:						
☐ Sint Eustatius		from:days:							
☐ Saba		from:to	from:days:d						
Total	period of stay in the C	aribbean (including	period of stay under q	uestior	n 24) in c	lays: (each calendar year)			
NB T	ne maximum total perio	od may not exceed 9	0 days in any one caler	dar ye	ar.				
31.	Have you previously	visited one or more	of the parts of the King	gdom o	f the Ne	therlands in the Caribbean ? If so, please specify below.			
		Period:			Purpo	se of travel (choose one of the categories from question 29)			
□ A	ruba	,,							
□ ci	uraçao								
☐ Sint Maarten									
□в	onaire		••••••						
☐ Si	t Eustatius								
□ Sa	aba		•••••••••••••••••••••••••••••••••••••••						
32.	32. Have you been issued with visas by other countries in the last 3 years? If so, for which period are/were they valid? (State the country, the date of issue and the date until which the visa is/was valid. Provide this information on a separate sheet if necessary.)								

33. Ha	eve you previously worked in one or m	ore parts of the Kingdom of	the Netherlands	in the Caribbean?				
ŀ	☐ Yes , in paid employment (please place)			Yes, other (please desc	ribe)			
	Employer:		.	Ψ	···,			
□ No			İ					
	Sanda Ar	,						
ŀ	Employed from :			ployed from :				
	10 :		То	:				
	ho is paying your travel costs and living	costs during your stay?						
	lam							
<u> </u>	The people I am staying with/hosts (sta	ate who and how)						
	Host company or organisation (state w	ho and how and provide do	cumentation to ba	ack this up)				
	Other:			• •				
35. WI	hat are your means of support during y							
	☐ Cash ☐ Accommodation:							
	☐ Travellers' cheques ☐ Other:							
	Credit card(s)	Medical)travel insurance an	d/or health insura	ince Valid to				
		,,	a, or medicin modifi	arce. Vana (O	***************************************			
36. Spc	ouse's / registered partner's surname(s)	37. Spouse's su	rname at birth				
			İ					
38. Giv	en name(s) of spouse	39. Date of birth of spo	use	40. Place of birth of	spouse			
41 Ch	ildren fo consultation in the	1 15			·			
	ildren (a separate application must be							
1)	mame	Given nam	e		Date of birth			
2)			***************************************					
3)								
Please ad	ld a separate sheet if more than 3 childr	en are travelling with you			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	me of host / host business in main des							
lf r	not applicable, please provide the name	e of your hotel or temporar	y address at your	destination.				
	ime :		Telephone and					
- 1								
Fui	Il address :		Email address :					
43. If a	applicable, personal details of the Carib	bean resident acting as gua	rantor					
Surname(Given name					
Address:		Telephone number:		Email address:				
Date of bi	wat h	At at the						
Date of bi	iren	Nationality		Passport number				
Family cor	nnection (or other connection, please ex	valain):		l				
anny co	meetion (or other connection, please e.	крівін).						
Declaratio	on:							
-	I have read and understood the inform	ation in the explanatory no	te and the guidelia	nes for completing the f	orm and on the basis of the			
	information have completed the form	fully, correctly and truthfull	V;	res is sempleting the i	on the basis of the			
			•					
-	I understand that the visa is a conditio	n for entry to the Caribbean	countries but doe	s not give absolute righ	t to entry. At each border			
	control I will need to be able to show t	hat I satisfy all the requirem	ents for the inten	ded purpose of travel in	the country in question. If a			
	the border control I do not satisfy all th	ne conditions I will be refuse	ed entry;					
-	I will only use the visa granted on the b	pasis of this application corre	ectly and lawfully.	I will therefore not ove	rstay i.e. exceed the			
permitted period of stay (for each visit). Misuse of the visa may mean my removal from the country and that I will not be admitted to t								
	Kingdom of the Netherlands in the Car	ibbean in the future.						
	4-1-	at	Signature (for minors: the signature of the person with parental					
Place and			ignature of the pe	erson with parental				
Place and		Signature (for minors: the s responsibility/guardian)	ignature of the pe	erson with parental				
Place and			ignature of the pe	erson with parental				
Place and			ignature of the pe	erson with parental				