

Visa Application Form

Please complete and e-mail back to visa-bh@ubm.com

Return with clear copies of passport pages. For multiple applications please duplicate this form and complete for each applicant.

1. YOUR CONTACT DETAILS

Title <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss					
First Name			Surname		
Company name					
Address					
City			Country		
ZIP/Postcode	Tel		Fax		
Nationality			Religion		
Date of birth		Place of birth			
	DD	MM	YYYY		

2. PASSPORT DETAILS

Passport number	Date of issue		Date of expiry		Place of issue		
	DD	MM	YYYY	DD	MM	YYYY	

3. VISA DURATION & PRICE *(select visa duration and price as appropriate)*

FOR TWO WEEKS <input type="radio"/>	BD 31 (USD 82) Amount payable	OR	FOR ONE MONTH <input type="radio"/>	BD 42 (USD 112) Amount payable
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4. PAYMENT *(Credit Card)*

I authorise my credit/charge card to be debited the amount indicated above.

CARD TYPE	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express		
CARD NUMBER			EXPIRY DATE	MM	YY
NAME ON CARD					
SIGNATURE					
<i>Digitally sign or print and sign</i>					
CARDHOLDER BILLING ADDRESS <i>(if different to above)</i>					
E-mail					



Contact us for more details:

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