

# Visa Application Form

Please complete and e-mail back to [visa@aemallworld.com](mailto:visa@aemallworld.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	DD	MM	YYYY	Place of birth	

## 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"/>	<b>BD 31 (USD 82)</b> Amount payable	<b>OR</b>	FOR ONE MONTH <input type="radio"/>	<b>BD 42 (USD 112)</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
EXPIRY DATE	MM	YY	
NAME ON CARD			
SIGNATURE	<input type="text"/>		
<i>Digitally sign or print and sign</i>			
CARDHOLDER BILLING ADDRESS	<input type="text"/>		
<i>(if different to above)</i>			
E-mail	<input type="text"/>		



Contact us for more details:

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