

Mail documents to: VisaHQ.co.uk Ltd.

18 Spring Street London W2 3RA

Tel: 0800 567 7692



Dominican Republic Tourist visa Application

Please enter your contact information				
Name:				
Email:				
Tel:	Mobile:			
The latest date you need your passport returned in time for y	our travel:			
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Dominican Republic tourist visa checklist				
Filled out and signed Dominican Republic tourist visa	application form. The form is enclosed.			
Original passport. Passport must have at least 6 months re	emaining validity and have at least 1 visa page.			
1 Photographs. Standard passport photographs 35mm x 45	mm on a white background.			
Payment. Credit Card Authorization form, Postal Order paya	ble to VisaHQ.co.uk.			
Return mailer. Prepaid self-addressed return label or payme				
If you wish to prepay return shipping, please add the shipping fee to the total and provide return address:				
Royal Mail Special Delivery by 1 pm (Next Day) - from	Name:			
£9	Company:			
Same day Central London courier delivery - from £12	Address:			
Royal Mail Special Delivery Saturday Guarantee before 1pm (Next Day) - from £17				
Royal Mail Special Delivery by 9 am (Next Day) - from	City:			
£20	Postal Code:			
Royal Mail Special Delivery Saturday Guarantee before 9am (Next Day) - from £23				
UK Next Day courier delivery - from £25				
Prepaid self addressed mailer - £0				
Local pick up in London - £0				



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Dominican Republic tourist visa fees for citizens of Libya

Туре	of visa	Max. validity	Embassy fee	Our fee	VAT	Processing time	Total
Tour	ist Card	up to 30 days	£10.00	£14.95	£2.99	Next business day	£27.94

This order is subject to Terms of Service, posted on VisaHQ website.

All fees and requirements may change without notice.



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Credit Card Authorization Form

By signing this form i accep	ot VisaHQ.co.uk Terms of Service and authorize to charge my credit card fo	or the amount of £
Name on the Credit Card:		
Credit Card number:	- -	
Exp. date:	CVC:	
Credit Card Billing Address:		
Signature:		
Comments:		

Thank you! We accept all major credit cards.

















Form No. 509 REF Aprobado por el Contralor v Auditor General Serie 1994

Dominican Republic FOREIGN AFFAIRS OFFICE Consular Division

Photograp	r
2 x 2	

VISA APPLICATION

Place and Date of Application		Expected Date of Travel		
Ship or Plane:		Ref: #		
Port of Embarkation:				
Last Name(s)	Have you ever been in the if yes, mention your last ran			
First Name(s)	Purpose of Journey			
Nationality	How long do you plan to sta	ау		
Place and Date of Birth	Name of your friend or relating the Dominican Republic	live		
Sex	His or Her address			
Skin color	Have you visited the Dominican Republic be	fore?		
Eyes Color	When?			
Hair Color	Give the address where wil stay in the Dominican Repu			
Height and Weight	Which other countries have visited?	you		
Marital Status	_			
Occupation	Spo	ouse's Information		
Identifying Marks	Full Name:			
Address in Canada	Nationality:			
Last place of Employment				
Name of owner, Manager or Director Last Salary Drawn	A	pplicant's Signature		
Contact No. in Canada				
The undersigned, holder of passport No	lssued by	on		
or I.D Document issued by		on		
correct. He/she understands that any false or	misleading statement may result in the rstands that a possession of a visa doe	ation and the answers on this form are true and permanent refusal of visa or denial of entry into so not entitle the bearer to enter the Dominican		
Visa Number	Issued in	Date		
Number & Date of Visa authorization				
Signature				
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Position				