

# 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	Place of birth	<input type="text"/>	
	DD	MM	YYYY			

## 2. PASSPORT DETAILS

Passport number	Date of issue			Date of expiry			Place of issue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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>	<b>or</b>	FOR ONE MONTH <input type="radio"/>	<b>BD 42 (USD 112)</b>
	Amount payable			Amount payable

## 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"/>	EXPIRY DATE <input type="text"/> / <input type="text"/>
			MM YY
NAME ON CARD	<input type="text"/>		
SIGNATURE	<input type="text"/>		
	<i>Digitally sign or print and sign</i>		
CARDHOLDER BILLING ADDRESS <i>(if different to above)</i>	<input type="text"/>		
E-mail	<input type="text"/>		



UBM



AEM

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