TRAVCOUR VISA & LEGALISATION SERVICES

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Service order form.

Please complete this form and return along with the documents listed on the check list.

Name of lead applicant:

Service Required: (please state what service you require and what country or visa type, visa, passport, legalisation).
Travel date & number of entries:
Contact details: (address including postcode, contact number & email. please also include return address if different).
Return of passport or document date & required method of postage(DHL, Royal mail Special delivery, Personal Collection, courier delivery:
Notes or requests:

Payment information:

Card Type:	
Name On Card:	
Card Number:	
Start Date:	
Expiry Date:	
Security Code:	
Issue Number: (If Applicable)	

For bank transfers please use your last name as your payment reference:
Account name: Travcour Visa & Legalisation Services Sort Code:30-99-50 Account Number:46460168

Signature:	**Print Name:**	**Date:**

EMBASSY OF THE
GABONESE REPUBLIC
LONDON

VISA APPLICATION FORM

(must be duly completed)

Order No:

1. IDENTITY OF THE APPLICANT

VisaF/amb/pg14

SURNAME: _____

MAIDEN NAME: (MARRIED WOMEN): _____

FIRST NAME: _____

Date of Birth: _____ Sex: M ☐ F ☐

BIRTH AND PLACE OF BIRTH: _____

NATIONALITY OF ORIGIN: _____CURRENT: _____

Marital Status: ☐ MARRIED ☐ SINGLE ☐ DIVORCED ☐ WIDOW ☐ SEPARATED

Number of children: _____

Permanent address (including telephone number): _____

_____

Job Position: _____

1. TYPE AND DURATION OF THE VISA APPLIED FOR

Date of Arrival in Gabon: _____ Date of Departure: _____

TYPE OF VISA: ☐ DIPLOMATIC ☐ COURTESY ☐ TOURISM ☐ BUSINESS ☐ TRANSIT

☐ OTHER:

TRANSIT (TRANSIT TO) _____

LENGTH OF STAY : _____ DAYS ☐ 1 MONTH ☐ 2 MONTHS ☐ 3MONTHS

ADDRESS IN GABON : ☐ FAMILY ☐ HOTEL ☐ OTHERS :

3. PASSPORTS DETAILS

PASSPORT NUMBER: _____ ISSSUED BY: _____

DATE OF ISSUE: _____ DATE OF EXPIRY: _____

4. ADDITIONNAL INFORMATION

DETAILLED REASONS OF YOUR TRAVEL:

NUMBER OF ENTRIES REQUESTED

☐ SINGLE ENTRY ☐ DOUBLE ENTRIES ☐ MULTIPLE ENTRIES

Have you already lived in GABON longer than three (3) months without interruption?

When? _____

Please indicate port of entry in GABON? _____

Please indicate your exact address in Gabon during your stay there:

_____

_____

_____

For a Business trip:

Indicate precisely the name and address & length of stay of your business partner

_____

_____

Do you undertake during your stay in Gabon not to accept any employment, paid or unpaid, or try to settle there permanently and to leave Gabonese territory on the expiration of the visa granted to you?

_____

My signature binds me and makes me liable to prosecution in case of false declaration and to refusal of my visa in the future.

Date and Place: _____

Signature: