

CONSULATE GENERAL OF SAINT LUCIA

APPLICATION FOR SAINT LUCIA NONIMMIGRANT VISA INSTRUCTION GUIDE

The following documents must be submitted by persons who require a visa to visit Saint Lucia:

1.	Completed Visa Application Form.											
2. Valid Passport (Please note that the passport must valid for at least six (6) months from the date of travel. Visas not be issued for travel documents, including Canadian travel documents. Visas are only issued for valid passport.												
3.	Two (2) certified photographs. Please see photograph guidelines.											
4.	Return airline ticket to the port of origin.											
5.	A copy of applicant's Permanent Residence Card or a copy of Valid Work Permit.											
6.	Travel Itinerary.											
7.	Proof of Hotel/Private Accommodation.											
8.	Letter of Invitation (if invited by a friend or relative, with telephone number(s) and address.											
9.	Letter from School, University or College confirming attendance (if a student).											
10.	D. Proof of sufficient funds (current bank statement or credit card statement).											
11.	. Job letter from the applicant's employer.											
12. The visa application fee is payable by money order only. NO PERSONAL CHEQUES or CASH is accepted. The money order must be made payable to "Consulate General of Saint Lucia" and the applicant's name must be on th money order.												
	Regular Fee CD\$30.00 (processing time 7-10 working days*) Applicants are advised to submit their application as early as possible.											

13. *Please note that this time frame does not include the mailing time for instances where an applicant is unable to pick up their passport with the visa because they reside outside the Greater Toronto Area.

Please be advised that the visa application fee is not refundable. Please ensure that the visa application form is complete and all required documents are submitted with the visa application form. Applicants who would like their passport with visa returned via mail must provide a Canada Post self addressed, prepaid, registered envelope with the visa application so that passport with the visa and can be mailed to the applicant.

If you have any questions or concerns, please contact us at 416 203-8400. The office hours are Mondays to Fridays from 8:00 a.m. to 1:00 p.m. and from 2:00 p.m. to 4:00 p.m.



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PHOTOGRAPH GUIDELINES

You must submit two (2) Certified photographs:

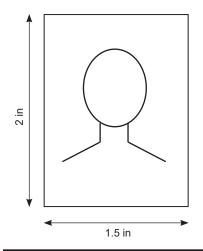
- Photograph size is 2" length by 1-1/2" width.
- Photographs must be less than three (3) months old.
- Photographs must bear the date that they were taken.
- Photographs must be certified by a Doctor, Lawyer, Minister of Religion or Justice of Peace.

DATE FROM PHOTOGRAPH STUDIO

I certify that this is a true likeness of Visa Applicant's Name

Signature of person certifying photographs

- Automated photographs (from a booth) are **NOT** acceptable.
- · Photographs must be taken with the full face and ears clearly visible. Hair must NOT cover ears and hats are not allowed.
- Photographs with tank tops, vests, halter tops, camouflage tops, etc. will NOT be accepted.
- · Only Prescription (and non-tinted) eye glasses will be accepted.







Tel: 416 203 8400 Fax: 416 203 8486 E-mail: info@stluciaconsulate.ca



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APPLICATION FOR SAINT LUCIA NONIMMIGRANT VISA

(COMPLETE ALL QUESTIONS IN BLOCK LETTERS)

First and Middle Names (as in passport)

DO NOT WRITE IN THIS SPACE

Please attach 2 recent photographs of the applicant in this box.

SECTION 1

Surname (as in passport)

Other Names (In full) tr	nat you ar	e known by				Maiden	Name/Other S	surnam	ies Usea			
Date of Birth Place of Birth (City /\			City /Village	/illage) \$		vince			Cour	ntry		
DD MM	YYYY											
Nationality	1111			Sex			Current Mari	ital Sta	tus			
real or and the second				Male Fem		le Single		Married		Widowed	Divorced	Separated
Passport Number			Place of	Issue	Da	ate of Issu	Ie .		Date of Expiry		National Insuranc Number (if applica	
					DD	MM	YYYY	DD	MM	YYYY		
Permanent Home Add	dress											
Correspondence Add	lress if Di	fferent from Hom	e Address	3								
Telephone				Fax					Personal	Email		
Home	Work		Mobi	le/ Cell								
SECTION 2												
Name, Address and T	elephone	Number of Pres	ent Emplo	yer or School								
Your Profession You				our Present Occupation				When do you intend to travel to Saint Lucia?				
What is the purpose of	of your tr	avel to Saint Luc	ia?								How long do you i	intend
Business Ho	er (Please give de	r (Please give details)					to stay in Saint Lucia?					
At what address will y	you stay	in Saint Lucia? (⊦	lotel/Privat	e please give full	address)							
If you are staying at a	private a	address, please g	ive the na	me, relationship	and telepho	one numb	ers of the per	son in	Saint Luc	ia with whon	n you will be stayin	g.
Name			Relati	ionship		т	elephone Num	nbers: (F	Home)		(Work)	
Have you been to Sai	nt Lucia I	pefore?						Но	w much m	noney will yo	ou take for your pro	posed visit?
No Yes: When?				For how long?								
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SECTION 3

If you are married, what is your spouse's name?								What is your spouse's date of birth?					
							DD MN	л ү	YYY				
Is your spouse travelling with you?													
Yes, on my passport Yes, on his/h	er own passport	(please give pa	ssport num	nber):					No				
Will your children be accompanying you? Yes No (If you have answered "Yes", please give their details below)													
Full Name			Date an	nd Place	e of Birth	1			Passport Nu	mber			
1													
2													
3													
4			-										
SECTION 4 (FOR APPLICANTS TRAVELLING THROUGH THE UNITED KINGDOM ONLY)													
(A) Do you require a visa for entry to the Uni	ted Kingdom?	(B) Have you	applied for	a Unite	ed Kingd	om Visa?	(C) Have you	been iss	sued a visa for e	ntry to the United Kingdom?			
Yes No		Yes	Yes No				Yes	No					
If you have answered "Yes" to questions E	B and C please c	omplete the fo	ollowing qu	uestion	ns:								
Where was your visa application made?	When was the	visa application	on made?	What	t kind of	visa did	you apply for?			number and expiry date of			
								your U	your United Kingdom visa?				
SECTION 5 Was this application prepared by another person on your behalf? Yes No													
Application prepared by:	porcon on your	Sonan .											
						l							
Name		Relations	hip to applic	cant		Address	3						
Signature of person preparing form	Date												
			DD N	ИΜ	YYYY								
I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I also declare that the photographs submitted with this form are a true likeness of myself. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into Saint Lucia. I understand that possession of a visa does not automatically entitle the bearer to enter Saint Lucia upon arrival at the port of entry if he or she is found inadmissible.													
Applicant's Signature			Date	DD	MM	YYYY				-			
DO NOT WRITE IN THIS SPACE													
Visa Issued/Refused:					Date:								
Type of Visa Issued:				Endorsed by:									
Place of Issue:				_	Visa V	alid Fro	om		to _				
Visa Number:													

