



Client :.....

Contact :.....

Adress :.....  
.....

Phone :.....

Fax :.....

e-mail :.....

Visa Request : Date :..... Normal  Urgent

Passengers Name : 1/.....Pass n°.....  
2/.....Pass n°.....  
3/.....Pass n°.....

Destination : 1/.....  
2/.....

Departure Date : ..... Return Date.....

Number of Visa 1 2 Multiple Transit

- Passport Back on: Date**.....  
**Address**:.....
- Pick up BVS Date**:.....

To be Completed by B.V.S. only

Visas Costs :.....

Delivery Costs :.....

Sending Costs :..... Other:.....

Remarks:.....

° Document to be joined with the passport when sending it to bvs  
 Bruxelles – 30, rue Van Eyck straat – 1050 Brussel  
 Tél. +32 (02) 219.63.65 Fax, +32 (02) 219.10.07  
 E-mail [belgium.visa@skynet.be](mailto:belgium.visa@skynet.be)