

Application Authorisation
 Please ensure you complete, sign and return this form to our office along with the your signed application and supporting documents

Your Personal Details

First Name	Surname
Date of Birth <input type="text" value="DDMMYY"/>	Nationality
Occupation	Phone Number
Mobile Number	Email Address

Visa Requirement Details

Country/Destination	Type of Visa Required (business / tourist)	Number of Entries (single / multiple)	Date of Travel
1			<input type="text" value="DDMMYY"/>
2			<input type="text" value="DDMMYY"/>
3			<input type="text" value="DDMMYY"/>

Applicant Passport Details

Full Name (As in passport.)	Passport Number	Issue Date	Expiry Date	UK Visa Type	Expiry Date
1		<input type="text" value="DDMMYY"/>	<input type="text" value="DDMMYY"/>		<input type="text" value="DDMMYY"/>
2		<input type="text" value="DDMMYY"/>	<input type="text" value="DDMMYY"/>		<input type="text" value="DDMMYY"/>
3		<input type="text" value="DDMMYY"/>	<input type="text" value="DDMMYY"/>		<input type="text" value="DDMMYY"/>

Return Instructions Please indicate how you would like your documents returned

If posting, please supply postal address	<input type="checkbox"/> Post it back by Royal Mail Special Delivery Between 9am-1pm service - £7.50 Postage Fee applies <input type="checkbox"/> Will collect in person at the Nexus Visas Office <input type="checkbox"/> Other
Post Code	<input type="checkbox"/> If other, please specify

Payment Details

We accept payment by cash if applying in person at our Office, otherwise Cheque/Postal Orders payable to Nexus Immigration Ltd if posting. Alternatively you can make payment via bank transfer or credit/debit card using the following account details:

Bank Details Bank: HSBC Account Number: 31481452 Sort Code: 40-46-22

Card Payments

Card Type	<input type="checkbox"/> Visa / Electron <input type="checkbox"/> MasterCard / Amex <input type="checkbox"/> Maestro / Solo <input type="checkbox"/> Long Card Number
Card Details	Valid from <input type="text" value="MMYY"/> Expiry Date <input type="text" value="MMYY"/> Card Security Number (CSV) <input type="text"/> Issue Number (if applicable) <input type="text"/>
Name on card	Cardholder's Signature <input type="text"/> Date <input type="text" value="DDMMYY"/>

Documents Included

<input type="checkbox"/> Your Passport	<input type="checkbox"/> Spouse's Passport	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Original Tickets <small>Only tick if providing original flight or Eurostar tickets or Original Vouchers</small>
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How did you hear about us?

<input type="checkbox"/> IMS	<input type="checkbox"/> 1st Contact	<input type="checkbox"/> OVC	<input type="checkbox"/> Return Client	<input type="checkbox"/> Gumtree	<input type="checkbox"/> Google	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
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Acceptance of the Nexus Visas Terms and Conditions

I hereby confirm acceptance of the Nexus Standard Terms and Conditions as summarized here. All service fees, including embassy fees must be paid at time of application. Service fees are non-refundable once submitted to the Embassy. Nexus will not be held responsible for any expenses occurred due to delays or refusal of visas. Applicants declare that all information provided will be accurate and if not, Nexus reserves the right to take any action it deems appropriate. Nexus cannot guarantee any visas, this is determined by the Embassy. While every endeavor will be made to ensure that the correct documentation is presented at time of application, the Embassy may still choose not to grant the visa without explanation.

Applicant's Name	Applicant's Signature
Date <input type="text" value="DDMMYY"/>	

For Office Use Only

Date Received <input type="text" value="DDMMYY"/>	Paid by <input type="text"/>
<small>Cash / Card / Cheque / Postal Order</small>	
Embassy Fee <input type="text"/>	Service Fees <input type="text"/> Amount Paid <input type="text"/>

PHOTOGRAPH

Your photograph must be: Passport style and size (size of image 45mm X 35mm.) A recent and true likeness, showing full face, with no hat, helmet or sunglasses although you can wear everyday glasses. Taken against a plain evenly lit and light background. Photographs that do not conform to above standards will be rejected and may cause a delay in processing the application.



Embassy of the Republic of Bulgaria
186-188 Queen's Gate
London SW7 5HL

Bulgarian Visa Application Form

/This application form is provided free of charge/

LON.....

1. SURNAME		FOR OFFICIAL USE ONLY
2. PREVIOUS/OTHER SURNAMES		
3. FIRST NAME		
4. DATE OF BIRTH YY/MM/DD	5. NATIONAL ID NUMBER (if any)	Date of application
6. PLACE AND COUNTRY OF BIRTH		File handled by :
7. NATIONALITY	8. PREVIOUS NATIONALITY (nationality at birth)	Supporting documents:
9. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	10. MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	<input type="checkbox"/> Valid passport
11. FATHER'S NAME	12. MOTHER'S NAME	<input type="checkbox"/> Financial means
13. TYPE OF PASSPORT: <input type="checkbox"/> National passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 Geneva Convention) <input type="checkbox"/> Overseas passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please, specify).....		<input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport
14. PASSPORT NO	15. ISSUED BY	<input type="checkbox"/> Medical insurance
16. DATE OF ISSUE	17. VALID UNTIL	<input type="checkbox"/> Other
18. IF YOU RESIDE IN A COUNTRY OTHER THAN YOUR COUNTRY OF ORIGIN, DO YOU HAVE PERMISSION TO RETURN TO THAT COUNTRY? <input type="checkbox"/> No <input type="checkbox"/> Yes (number and validity of the permission)		
19. CURRENT OCCUPATION		Visa
20. EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER (for students: name and address of school)		<input type="checkbox"/> Refused <input type="checkbox"/> Granted
21. COUNTRY OF FINAL DESTINATION	22. TYPE OF VISA: <input type="checkbox"/> Airport transit <input type="checkbox"/> Short stay <input type="checkbox"/> Transit <input type="checkbox"/> Long stay	Type of visa <input type="checkbox"/> LTV <input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> D+C
23. VISA: <input type="checkbox"/> Individual <input type="checkbox"/> Group		
24. NUMBER OF ENTRIES <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. DURATION OF STAY Visa is requested for: _____ days	Number of entries <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple
26. OTHER BULGARIAN VISAS (issued during the past three years) AND THEIR DURATION		
27. IN THE CASE OF TRANSIT, DO YOU HAVE AN ENTRY PERMIT FOR THE FINAL COUNTRY OF DESTINATION? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until: _____ Issuing authority: _____		Valid from..... To..... Valid for: days

28. TRAVELS ABROAD IN THE PAST FIVE YEARS		FOR OFFICIAL USE ONLY	
29. PURPOSE OF TRAVEL TO BULGARIA <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Private visit <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Official <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please, specify):			
30. DATE OF ARRIVAL IN BULGARIA	31. DATE OF DEPARTURE		
32. BORDER OF FIRST ENTRY OR TRANSIT ROUTE	33. MEANS OF TRANSPORT		
34. DETAILS ABOUT HOST PERSON, ORGANIZATION OR HOTEL			
Full name of person/Name of organization or hotel	Telephone and fax		
Full address	E-mail address		
35. WHO IS PAYING FOR YOUR TRIP AND FOR YOUR LIVING COSTS DURING YOUR STAY? <input type="checkbox"/> Myself <input type="checkbox"/> Host person <input type="checkbox"/> Host organization (Give name of person, manner of payment and supporting documents):.....			
36. FINANCIAL RESOURCES AVAILABLE DURING YOUR STAY <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Accommodation provided for <input type="checkbox"/> Other:..... <input type="checkbox"/> Travel and/or medical insurance. Valid until			
37. SURNAME OF SPOUSE	38. MAIDEN NAME OF SPOUSE		
39. GIVEN NAME OF SPOUSE	40. DATE OF BIRTH OF SPOUSE		41. PLACE OF BIRTH OF SPOUSE
42. CHILDREN			
Surname	Given name	Date of birth	
1.			
2.			
3.			
43. PERSONAL DATA OF THE EU OR EEA CITIZEN YOU WILL BE SUPPORTED BY (This question should be answered only by family members of EU or EEA citizens.)			
Surname		Given name	
Date of birth	Nationality	Passport No	
Family relationship: to an EU or EEA citizen			
<p>44. I consent to the following: any data which appear on this visa application form will be supplied to the relevant authorities in the Republic of Bulgaria and processed by those authorities for the purposes of a decision on my visa application. Such data may be entered into, and stored in databases.</p> <p>I declare that the above information is true and correct. I understand that any false statements I make may render me liable to prosecution under Bulgarian law and that this may result in the refusal of a visa or in the annulment of a visa already granted.</p> <p>I shall leave the territory of the Republic of Bulgaria upon the expiry of this visa.</p> <p>I have been informed that the possession of a visa is not the only condition for entry into the territory of the Republic of Bulgaria.</p>			
45. APPLICANT'S HOME ADDRESS		46. TELEPHONE NUMBER	
47. PLACE AND DATE	48. SIGNATURE		