

## TRAVEL INFORMATION FORM

Please complete the below information per family member for use in your Immigration and Customs clearance process.

1.	Visitor: □		Resident: [	<b>-</b>								
2.	Last Name:											
3.	First Name:		Middle Name:									
4.	M: □ F: □	Date of Birt	h: (day/month/year):	/ /								
5.	Marital Status: Single □	Married: □	Other: □									
6.	Contact information:											
7.	Country of Birth:											
8.	Country of Citizenship:											
9.	Passport Number:											
10.	Passport Issue Date (day/mo	nth/year): / /										
11.	Passport Expiration Date (day	y/month/year): /	/									
12.	Passport Issued By (country):											
13.	Occupation:											
	Home Address:											
	City:	State:	Zip	Code:								
15.	Arrival Aircraft/Vessel:											
	Flight Number:	Ves	el Departure Time:									
	Length of Stay:											
16.	Port of Departure to BVI:											
	San Juan P.R. St. M	artin St. Thom	as Antigua	Other								
<b>17</b> .	Residents ONLY: Date of Dep	arture: / /	Departure Time:									

.J. VI	siting: Tor	rtola□	Virgin Go	rda□	Anega	da□ Jo	ost Van	Dyke□	Other□ :
20. Aı	Arrival to the BVI by		y Air	Cruis	e Ship	hip Ferry	Private Boat		Private Air
				l					
21. Pu	rpose of '	Visit (Vi	sitors ONL	Y):					
	Vacation Business Visiting Friends/Relatives			Honeymoon Study Meeting		Sport	☐ (Specify):		
Вι						Other			
Vi					ing				
W	edding				Conve	ention			
22. He	ow did yo	u book y	your visit?						
In	ternet [	□ Tra	vel Agent		Direc	tly with E	Business	<b>5</b> 🗆	Tour Operator
l Add	ress:								
			rmation:						