Immigration and Passport Department

"Careenage House"
The Wharf, Bridgetown
BARBADOS

PUBLIC SECTOR REFORM
Making Barbados Work Better

APPLICATION FOR RE-ENTRY

1. Full Name of Applicant . . . . . .
2. Address of Applicant . . . . . 3. Tel No. . . . . .
4. Date and Country of Birth . . . . . .
5. Present Nationality . . . . . 6. Passport No. . . . . .
7. Country and Date of Issue . . . . . .
8. If asked to leave, deported, refused entry, please state . . . . . .
9. Date asked to leave, deported, refused entry or other . . . . . .
10. Reason(s) for Re-entry . . . . . .

. . . . . .

11. Proposed Date of Re-entry . . . . . .
12. Period Requested . . . . . .
13. Full Name of Sponsor . . . . . .
14. Address of Sponsor . . . . . 15. Tel. No. . . . . .
16. Date and Country of Birth . . . . . .
17. Present Nationality . . . . . .

I . . . . . hereby declare that the particulars stated in this application are true and correct.

(Failure to provide full and accurate information may affect the outcome of your application.)

Dated this day 20 . . . . .

. . . . . .

Signature of Applicant

FOR OFFICIAL USE ONLY: