



WORLDCHOICE / BENMAR REQUEST FORM

Details	Branch and Reference
	Telephone

VISA REQUIREMENT

Country	Dates	Purpose of Trip (business / tourism)	Entries (single / double / multi)
	From: / / To: / /		
	From: / / To: / /		
	From: / / To: / /		

PASSPORT REQUIREMENT (tick relevant boxes)

<input type="checkbox"/> New or Renewal Standard-size Adult Passport	<input type="checkbox"/> Extension to existing passport
<input type="checkbox"/> New or Renewal Standard-size Child Passport	<input type="checkbox"/> Second Passport – Standard-size
<input type="checkbox"/> New or Renewal Large-size Adult Passport	<input type="checkbox"/> Second Passport – Large-size
<input type="checkbox"/> New or Renewal Large-size Child Passport	<input type="checkbox"/> Gender Change
<input type="checkbox"/> Amendment to existing Passport (name / photo)	

RETURN / DELIVERY (tick relevant boxes)

<input type="checkbox"/> Royal Mail Special Delivery Post	<input type="checkbox"/> Airport Delivery to _____
<input type="checkbox"/> Personal Collection from Benmar Office	<input type="checkbox"/> Other Method (please give details):
<input type="checkbox"/> Courier Delivery	
If documents to be delivered to an address other than that shown above, please indicate the address here:	

ENCLOSURES (tick relevant boxes - ***underlined items are required for all applications***)

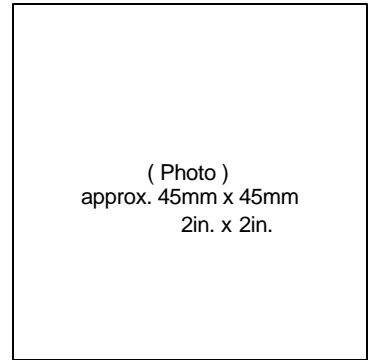
<input type="checkbox"/> <u>Passport(s)</u>	<input type="checkbox"/> Letter of Invitation or Sponsorship	<input type="checkbox"/> Proof of Funds
<input type="checkbox"/> <u>Photograph</u>	<input type="checkbox"/> Evidence of Medical Insurance	<input type="checkbox"/> Other:
<input type="checkbox"/> <u>Visa or Passport Application Form(s)</u>	<input type="checkbox"/> Vaccination Certificate(s)	
	<input type="checkbox"/> Evidence of Hotel Booking	

Please send this form, with all relevant supporting documents, by *special delivery* to:

**Benmar Passport & Visa Service Ltd. Manfield House, 1 Southampton Street,
London WC2R 0LR.**

Do not be concerned if your submission is incomplete or incorrect, we will contact you immediately to resolve any issues arising from your application.

VISA APPLICATION FORM TO ENTER JAPAN



Name in full _____
(Surname)

(Given and middle name)

Different name used, if any _____

Date and place of birth _____ : _____
(Month) (Day) (Year) (City) (Province) (Country)

Sex _____ Marital status : married _____ single _____

Nationality or citizenship _____

Former nationality, if any _____

Purpose of journey to Japan _____

Length of stay in Japan intended _____

Route of present journey: Probable date of entry _____

Port of entry into Japan _____ Name of ship or airline _____

Passport (*Refugee or stateless should note the title of Travel Document*) _____

No. _____ Diplomatic, Official, Ordinary Issued at _____ on _____

Issuing authority _____ Valid until _____

Criminal record, if any _____

Home address _____

_____ Tel. _____

Profession or occupation _____

Name and address of firm or organization to which applicant belongs _____

_____ Tel. _____

Post or rank held at present _____

Principal former positions _____

Address of hotels or names and addresses of persons with whom applicant intends to stay _____

Dates and duration of previous stays in Japan _____

Guarantor or reference in Japan : Name _____

Address _____ Tel. _____

Relationship to applicant _____

Persons accompanying applicant	Name	Relationship	Birthdate
--------------------------------	------	--------------	-----------

and included in his passport

I hereby declare that the statement given above is true and correct. I understand that immigration status and period of stay to be granted are decided by the Japanese immigration authorities upon my arrival. I understand that possession of a visa does not entitle the bearer to enter Japan upon arrival at port of entry if he or she is found inadmissible.

Date of application _____
(Month) (Day) (Year)

Signature of applicant _____

(FORM No.1-C) NOTICE : Please use A-4size or letter-size paper for printing