

Please complete and e-mail back to visa@aemallworld.com

Return with clear copies of passport pages. For multiple applications please duplicate this form and complete for each applicant.

1. YOUR CONTACT DETAILS

<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss						
First Name			Surname			
Company name						
Address						
City			Country			
ZIP/Postcode		Tel			Fax	
Nationality			Religion			
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Place of birth	<input type="text"/>	
	DD	MM	YYYY			

2. PASSPORT DETAILS

Passport number	Date of issue		Date of expiry		Place of issue	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	DD	MM	YYYY	DD	MM	YYYY

3. VISA DURATION & PRICE *(select visa duration and price as appropriate)*

FOR TWO WEEKS <input type="radio"/>	BD 31 (USD 82)	or	FOR ONE MONTH <input type="radio"/>	BD 42 (USD 112)
	Amount payable			Amount payable

4. METHOD OF PAYMENT *(please tick as appropriate)*

Please debit my account in the amount indicated above:

<input type="radio"/> Crossed cheque in BAHRAIN DINARS	<input type="radio"/> Bank draft enclosed <i>(made payable to "Arabian Exhibition Management WLL")</i>
<input type="radio"/> Please charge my credit/charge card:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
Card Number	<input type="text"/>
Expiry date	<input type="text"/>
Name on card	<input type="text"/>
Signature	<input type="text"/>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Digitally sign or print and sign</div>	
Cardholder billing address <i>(if different to above)</i>	<input type="text"/>
E-mail	<input type="text"/>

Contact us for more details:

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