

Ph. 1-613-231-7054
Ph. 1-866-378-1229
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www.VisaServicesCanada.ca

VISA SERVICES CANADA®

Suite 900
275 Slater Street
Ottawa, ON, K1P 5H9

*** ON-SCREEN FILLABLE FORM ***

FULL LEGAL NAME OF APPLICANTS: as in the passport

Travel Agency stamp/card - Optional-

A. _____
B. _____
C. _____
D. _____

FULL MAILING ADDRESS: for the return your passport by secure shipment (or attach a business card)

Street: _____ Apartment #: _____
City: _____ Prov: _____ Postal Code: _____
Home Phone: _____ Office phone: _____ ext: _____
Cell & Fax: _____ email: _____

VISA COUNTRIES: list the countries for which you need visas

Countries in order of arrival	Visa type business / tourism / etc.	Entry 1 / 2 / Multi	Service level regular / fast	Date of Entry & Exit of the visa country
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

SHIPPING OPTIONS

- Personal pick-up in Ottawa
Canadian shipping \$30.
Cdn 10 a.m. shipping \$40.
Foreign Shipping (cost+)

COSTS: Visa cost per passport, plus the service charge per passport, plus the single shipment cost, minus any discounts, gives the estimated total cost of the complete service.

Call to arrange payment by money order or certified cheque.

Visa price + service + shipping = total cost

(Please leave this area blank)

Terms: By using *Visa Services Canada* you are authorizing the company to handle your personal information and your passport, and to hand over such passports and information to a foreign diplomatic mission in Canada or abroad for the purpose of acquiring a visa. By using the services of VSC you are accepting in whole the following terms, conditions, and limitations: VSC cannot and does not guarantee a visa will be issued by a diplomatic office, as this is the sole prerogative of the foreign government. VSC is not responsible for the safety or security of your passport once the passport has entered the diplomatic grounds or passed into the control of the shipper. VSC is not liable for any stolen or lost passport, and has no liability for late shipping delivery of passports and visas. I understand this liability statement, (signed),

Signature: _____  Date: _____

PAYMENT OPTIONS Money Order Certified Cheque Visa Card MasterCard

I (name on credit card - must be a visa applicant) _____
authorize *Visa Services Canada* to make a charge on my credit card solely for the payment of embassy fees, handling and processing fees charged by VSC, and courier fees as applicable. Credit card use will incur a 3% charge.

AUTH #

Credit card number: _____

Expiration date (mm/yyyy): _____ / _____

Signature: _____  Date: _____

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VISA APPLICATION FEES FOR BULGARIA

*** Visa fees are subject to change by embassies without notice ***

BUSINESS VISA

Single Entry Business Visa, valid for 1 entry within 3 months for a stay up to 30 days	\$120
Multiple Entry Business Visa, valid for 3 months of unlimited entries	\$160
Multiple Entry Business Visa, valid for 6 months of unlimited entries	\$180
Regular Processing: 7 working days	
Urgent Single Entry Business Visa	\$150
Urgent Processing: 4 working days	

TOURIST VISA

Single Entry Tourist Visa, valid for one entry within 3 months for a stay up to 30 days	
Regular Processing: 7 working days	\$120
Urgent Processing: 4 working days	\$150

URGENT SERVICE CHARGE (per person per visa) \$125.
(Service charge for accompanying children under 16 years of age is \$75. total)

REGULAR SERVICE CHARGE (per person per visa) \$75.
(Service charge for accompanying children under 16 years of age is \$50. total)

SHIPPING in Canada \$30. (at cost+ to abroad)

TOTAL COST TO YOU (Visa(s) + Service(s) + Shipping) \$ _____

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SPECIFIC VISA REQUIREMENTS FOR BULGARIA

PASSPORT, valid for	<u> 6 </u> months.	VISA APPLICATION Form	<u> 1 </u>
Passport Photos	<u> 2 </u>	Special Form	<u> 1 </u>
Invitation, Business	<u> 1 </u>	Invitation, Tourist	<u> 1 </u>
Return Air Ticket	<u> 1 </u>	Bank Statement	<u> 1 </u>
Business Letter	<u> 1 </u>		

BUSINESS VISA

- passport, valid for 6 months at least,
- one (1) fully completed and signed visa application form,
- two (2) recent passport photographs,
- a note from the company you work for, stating the purpose of your visit,
- an invitation from your sponsor (institution or company), on a standard form provided by local authorities in Bulgaria,
- return air ticket or itinerary from your travel agent,
- proof of medical insurance,
- proof of financial means.

TOURIST VISA

- passport, valid for 6 months at least,
- one (1) fully completed and signed visa application form,
- two (2) recent passport photographs,
- return air ticket or itinerary from your travel agent,
- an invitation, on a standard form provided by local authorities in Bulgaria,
- proof of medical insurance,
- proof of financial means.



STAMPOF EMBASSY
OR CONSULATE

PHOTOGRAPH

Application for Bulgarian Visa

/The application form is provided free of charge/

1. SURNAME		FOR VISA ISSUING AUTHORITY USE ONLY Date of application: File handled by : Supporting documents: <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Medical insurance <input type="checkbox"/> Other :
2. EARLIER SURNAMES / OTHER SURNAMES		
3. FIRST NAME		
4. DATE OF BIRTH (year - month – day)	5. NATIONAL ID NUMBER (if any)	
6. PLACE AND COUNTRY OF BIRTH		
7. NATIONALITY(IES)	8. PREVIOUS NATIONALITY (nationality at birth)	
9. SEX <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	
11. FATHER'S NAMES	12. MOTHER'S NAMES	
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"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please, specify):		
14. NUMBER OF PASSPORT	15. ISSUED BY	
16. DATE OF ISSUE	17. VALID UNTIL	
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 permission)		
19. CURRENT OCCUPATION		
20. EMPLOYER AND EMPLOYER'S ADDRESS AND TELEPHONE NUMBER (for students: name and address of school)		
21. COUNTRY OF FINAL DESTINATION	22. TYPE OF VISA: <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay	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	
26. OTHER BULGARIAN VISAS (issued during the past three years) AND THEIR PERIOD OF VALIDITY		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple
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 VISA ISSUING AUTHORITY USE ONLY
29. PURPOSE OF TRAVEL <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		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 COSTS OF LIVING DURING YOUR STAY? <input type="checkbox"/> Myself <input type="checkbox"/> Host person <input type="checkbox"/> Host organization (State who and how and present corresponding documentation):			
36. MEANS OF SUPPORT 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/and until:.....			
37. SPOUSE'S FAMILY NAME		38. SPOUSE'S EARLIER FAMILY NAMES	
39. SPOUSE'S FIRST NAME	40. SPOUSE'S DATE OF BIRTH	41. SPOUSE'S PLACE OF BIRTH	
42. CHILDREN			
Middle name and family name	First name	Date of birth	
1.			
2.			
3.			
43. PERSONAL DATA OF THE EU OR EEA CITIZEN YOU RELY ON (This question should be answered only by family members of EU or EEA citizens.)			
Middle name and family name		First name	
Date of birth	Nationality	Number of passport	
Family relationship: of 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 input into, and stored in databases.</p> <p>I declare that data above is true and correct. I understand that any false statements may render me liable to prosecution under the Bulgarian law and that this may result in the refusal of a visa or to the annulment of a visa already granted.</p> <p>I undertake to leave the territory of the Republic of Bulgaria upon the expiry of the visa.</p> <p>I have been informed that possession of a visa is not the only prerequisite 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	

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I, _____, authorize *Visa Services Canada* to act on my behalf in acquiring a visa for my passport. *Visa Services Canada* is authorized to drop-off and pick-up my passport and any other personal documents from the embassy, high commission, consulate, diplomatic mission of the country of _____ while aiding me in acquiring a visa. *Visa Services Canada* is also authorized to receive information about my application from the visa office while acting on my behalf.

Signed on this _____ day of the month of _____ in the year _____,
in the city of _____ in the province of _____, in Canada.

Signature _____

SIGN HERE

Witness _____

WITNESS

OFFICE COPY

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WITNESS

EMBASSY COPY