

VISITORS PERMIT APPLICATION

REGISTRATION CERTIFICATE APPLICATION

additional informa	and submit this application via email to <u>permits@bra.gov.bb</u> along with the required tion listed below. A number will be emailed to you so you can make your payment online <u>ls.com</u> or by visiting any SurePay location.
Should you have a	ny queries or require further assistance, please contact (246) 243 1698 for assistance.
Name:	
Date of entry in	to Barbados:
,	
Country of resid	lence:
Address (in Bark	bados):
I will be in Barba	ados for:
A period	of stay under two (2) months (BDS \$10)
o su	bmit a copy of your valid international driver's licence with your application
A period	of stay exceeding two (2) months (BDS \$100)
o su	bmit a copy of your valid international driver's licence and
o ac	copy of your passport showing your working/living status in Barbados along
wi	th your application