GOVERNMENT OF ST. VINCENT AND THE GRENADINES

NO: **of** 20 .....

APPLICATION FOR EXTENSION OF STAY
IN ST. VINCENT AND THE GRENADINES

Name of Applicant .....

Nationality .....Passport No. .....

Place & Date of Issue .....

Date of Arrival in St. Vincent .....

Carrier .....

Address in St. Vincent .....

Period of Extension Required .....

Purpose of Stay.....

AFFIX STAMP HERE

SIGNED: .....
Signature of Applicant

.....
Date

.....
Received by

.....
Date

Extension (not) granted
delete as appropriate

.....
Chief Immigration Officer.