



Foreign & Commonwealth Office

Registration Form

Registrant's Personal Details

Last name	<input type="text"/>	<i>Required</i>
Forename	<input type="text"/>	<i>Required</i>
Middle name	<input type="text"/>	
Title	<input type="text"/>	
Maiden name	<input type="text"/>	
Also known as	<input type="text"/>	
Marital status	<input type="text"/>	
Gender	<input type="text"/>	
Date of birth	<input type="text"/> (dd mm yyyy)	<i>Required</i>
Place of birth	<input type="text"/>	
Religion	<input type="text"/>	
Blood group	<input type="text"/>	

Passport Details

Passport number	<input type="text"/>	<i>Required</i>
Issue date	<input type="text"/> (dd mm yyyy)	<i>Required</i>
Expiry date	<input type="text"/> (dd mm yyyy)	
Place of issue	<input type="text"/>	
British nationality (including dual)	<input type="text"/>	<i>Required</i>
Other nationality if dual (i.e. British & other nationality)	<input type="text"/>	
Nationality (if not British)	<input type="text"/>	<i>Required</i>

Other Information

Travelling Family Member Details

Last name	<input type="text"/>	Required
Forename	<input type="text"/>	Required
Middle name	<input type="text"/>	
Title	<input type="text"/>	
Relationship to you	<input type="text"/>	Required
Date of birth	<input type="text"/> (dd mmm yyyy)	Required
British nationality (including	<input type="text"/>	Required
Other nationality if dual (i.e. British & other nationality)	<input type="text"/>	
Nationality (if not British)	<input type="text"/>	Required
Place of birth	<input type="text"/>	
Gender	<input type="text"/>	
Mobile telephone	Country Code <input type="text"/> Mobile no. <input type="text"/>	

Travelling Family Member Passport Details

Passport number	<input type="text"/>
Issue date	<input type="text"/> (dd mmm yyyy)
Expiry date	<input type="text"/> (dd mm yyyy)
Place of issue	<input type="text"/>

Other Information

Travelling Family Member Details

Last name	<input type="text"/>	Required
Forename	<input type="text"/>	Required
Middle name	<input type="text"/>	
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Relationship to you	<input type="text"/>	Required
Date of birth	<input type="text"/> (dd mmm yyyy)	Required
British nationality (including	<input type="text"/>	Required
Other nationality if dual (i.e. British & other nationality)	<input type="text"/>	
Nationality (if not British)	<input type="text"/>	Required
Place of birth	<input type="text"/>	
Gender	<input type="text"/>	
Mobile telephone	Country Code <input type="text"/> Mobile no. <input type="text"/>	

Travelling Family Member Passport Details

Passport number	<input type="text"/>
Issue date	<input type="text"/> (dd mmm yyyy)
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Nationality (if not British)	<input type="text"/>	Required
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Gender	<input type="text"/>	
Mobile telephone	Country Code <input type="text"/> Mobile no. <input type="text"/>	

Travelling Family Member Passport Details

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Travelling Family Member Passport Details

Passport number	<input type="text"/>
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Expiry date	<input type="text"/> (dd mm yyyy)
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Gender	<input type="text"/>	
Mobile telephone	Country Code <input type="text"/> Mobile no. <input type="text"/>	

Travelling Family Member Passport Details

Passport number	<input type="text"/>	
Issue date	<input type="text"/> (dd mmm yyyy)	
Expiry date	<input type="text"/> (dd mm yyyy)	
Place of issue	<input type="text"/>	

Other Information

Travelling/Living Information

Destination	<input type="text"/>	Required
Duration	<input type="text"/>	
Intended arrival date	<input type="text"/>	(dd mmm yyyy) Required
Intended departure date	<input type="text"/>	(dd mmm yyyy) Required
Status in country	<input type="text"/>	
Purpose of travel	<input type="text"/>	

Travelling/Living Contact Information

Street address (Street, town/city, country, postal code)	<input type="text"/>			
Town/city	<input type="text"/>			
Mailing address (Street, town/city, country, postal code)	<input type="text"/>			
Telephone number in country	<input type="text"/>			
Mobile telephone	Country Code	<input type="text"/>	Mobile no.	<input type="text"/>
Email	<input type="text"/>			
Fax	<input type="text"/>			

Travel Insurance

Do you carry travel insurance? (Yes / No)

Policy provider and details

Emergency Contact Details

Last name	<input type="text"/>	<i>Required</i>
Forename	<input type="text"/>	<i>Required</i>
Title	<input type="text"/>	
Gender	<input type="text"/>	
Relationship to you	<input type="text"/>	<i>Required</i>
Nationality	<input type="text"/>	

Address and Contact Details

Address	<input type="text"/>			
Country	<input type="text"/>			
Telephone	<input type="text"/>			
Mobile telephone	Country Code	<input type="text"/>	Mobile no.	<input type="text"/>
Email	<input type="text"/>			
Fax	<input type="text"/>			

Other Information

Emergency Contact Details

Last name	<input type="text"/>	<i>Required</i>
Forename	<input type="text"/>	<i>Required</i>
Title	<input type="text"/>	
Gender	<input type="text"/>	
Relationship to you	<input type="text"/>	<i>Required</i>
Nationality	<input type="text"/>	

Address and Contact Details

Address	<input type="text"/>			
Country	<input type="text"/>			
Telephone	<input type="text"/>			
Mobile telephone	Country Code	<input type="text"/>	Mobile no.	<input type="text"/>
Email	<input type="text"/>			
Fax	<input type="text"/>			

Other Information

Emergency Contact Details

Last name	<input type="text"/>	<i>Required</i>
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Gender	<input type="text"/>	
Relationship to you	<input type="text"/>	<i>Required</i>
Nationality	<input type="text"/>	

Address and Contact Details

Address	<input type="text"/>			
Country	<input type="text"/>			
Telephone	<input type="text"/>			
Mobile telephone	Country Code	<input type="text"/>	Mobile no.	<input type="text"/>
Email	<input type="text"/>			
Fax	<input type="text"/>			

Other Information

Employment category

Employment category *Required*

Employer Details

Employer name *Required*

Address and Contact Details

Address

Country

Telephone

Mobile telephone Country Code Mobile no.

Email

Fax

Other Information