

VISA FORM 2021

To be filled and returned to customer.services@adnec.ae

Tel: +971 (0) 2 406 3666 \ Fax: +971 (0) 2 449 9770

Abu Dhabi National Exhibitions Company

ADNEC

شركة أبوظبي الوطنية للمعارض
Abu Dhabi National Exhibitions Company



APPLICANT DETAILS					
Full Name		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Nationality		Profession			
Religion		Faith			
Mother's Name		Father's Name			
Date of Birth		Place of Birth			
Education Status		Marital Status			
Applicant Location inside U.A.E.					
Mobile Number					
Unified Number in case the applicant has previously visited U.A.E.					
PASSPORT DETAILS					
Passport Number		Date of Issue		/ /	
Place of Issue		Date of Expiry		/ /	
APPLICANT ADDRESS					
Company Name					
Address					
Telephone Number		Fax			
Email Address		Website			
AIRPORT OF ARRIVAL					
<input type="checkbox"/> Abu Dhabi Airport		<input type="checkbox"/> Dubai Airport		Other (Please specify)	
<input type="checkbox"/> Al Ain Airport		<input type="checkbox"/> Sharjah Airport			
KIND OF APPLICANT					
<input type="checkbox"/> Exhibitor		<input type="checkbox"/> Visitor		Event Name	
ARRIVAL DETAILS					
Date	DD/MM/YY	Flight Number		Arrival Time	HH : MM
DEPARTURE DETAILS					
Date	DD/MM/YY	Flight Number		Arrival Time	HH : MM

Name _____

Signature _____

Date _____

VISA REQUIREMENT

1. Visa Application Form.
2. A clear copy of passport with minimum six months validity (Max Size: 300 KB Width: 872 Height: 1232)
3. Scanned Passport Photo with white background
4. Filled in credit card authorisation Form (see page 3)
5. The above documents need to be sent to customer.services@adnec.ae

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FEES AND PAYMENTS

Prices are set with UAE Government and subject to change

AED 551	Visa Application Fee Including Health Insurance fee	<i>For Urgent Visa = AED 662 Visa Application Fee Including Health Insurance fee</i>
Payment should be made through the payment authorisation form or through bank transfer.		

- All prices are inclusive of 5% VAT

ADNEC SERVICES BANKING DETAILS

Please complete and return the order form to the above email address. An invoice will be dispatched in return.
Orders will be Valid only with full remittance.

Cheque & Bank Draft - ADNEC SERVICES L.L.C. - P.O. Box 5546 Abu Dhabi, UAE

Bank Transfers should be made, net of bank charges through the following account:

AED Account Name : ADNEC SERVICES L.L.C.
Bank : FIRST ABU DHABI BANK
Account No. : 4021003733279010
Swift Code : NBADAEAXXX
IBAN No. : AE440354021003733279010

USD Account Name : ADNEC SERVICES L.L.C.
Bank : FIRST ABU DHABI BANK
Account No. : 4021003733279021
Swift Code : NBADAEAXXX
IBAN No. : AE380354021003733279021

TAX REGISTRATION NUMBER: 100305367300003

NOTE : For International clients it is important that you use the IBAN No. for all the remittances.
Copy of the confirmed transfer must be sent to finance.as@adnec.ae.

Terms and conditions:

To receive your visa on time you are requested to submit your documents 20 days prior to date of entry into UAE. Should you require a visa on urgent basis, your request should be made 10 days prior to your date of intended travel.

- * Visa will not be processed unless the full payment received by Adnec.
- * Visa application is subject to Immigration Policy and Procedure and the UAE Government Law, ADNEC is not responsible for any delay or rejection of any visa applications.
- * We need a minimum of 6 working days to obtain the visa from Immigration department for urgent visa applications.
- * No refund will be made under any circumstances once the visa is issued by the immigration authorities.
- * We will email the copy of the visa as soon as it is received by us from immigration authorities.

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CREDIT CARD AUTHORIZATION FORM

ADNEC SERVICES LLC	
To be returned by via email to	Office Address : P.O. Box 5546, Abu Dhabi - UAE
	Contact : Finance Department
	Telephone Number : +971 02 4063813
	Fax : +971 02 4499770
	Email : adnecservices@adnec.ae

I HEREBY GIVE ADNEC SERVICES LLC MY PERSONAL PERMISSION FOR THE FOLLOWING CREDIT CARD GUARANTEE AND PAY FOR:

Name / Reference			
Amount to be Charged			
Type of Credit Card	<input type="checkbox"/> Visa Card	<input type="checkbox"/> Master Card	
Credit Card Number			
Issue Date		Expiry Date	
Signature		Date	
Name of Credit Card Holder as it Appears on the Card			
Company Name			
Full Address			
Telephone / Fax Number		Email Address	
Payment Details			