## **Application form for Caribbean Carpet**

## Business/investment purpose

Name of applying company or institution:		
Address:		
City:		
State:		
Zip:		
Contact person for the Orange Carpet Program:		
Name:		
Designation:		
E-mail:		
Tel:		
Name of the company in the Caribbean territory:		
Address:		
City:		
Postal code:		
Contact person of the company in the Caribbean territory:		
Name:		
Designation:		
E-mail:		
Tel:		

Please describe the nature and duration of the relationship of your company with the host company:			
Number of trips by employees expected to travel to the Caribbean territory annually:			
Number of travelers to facilitate with Caribbean Carpet:			
On behalf of the applying company, the undersigned accepts a commitment to ensure that visa applicants under the company membership of the Caribbean Carpet, comply with Schengen visa rules applicable to their business visits to the Caribbean territory.			
Title:	Signature:	Date:	
	employees expected to facilitate with Carilying company, the ure the company membiapplicable to their bu	employees expected to travel to the Caribbean ter to facilitate with Caribbean Carpet: lying company, the undersigned accepts a commi r the company membership of the Caribbean Carp applicable to their business visits to the Caribbea	

Send your completed application form to the <u>Dutch embassy or consulate in your region.</u> If your business is located on one of the islands, please send your application form to the island's Foreign Relations Department.