

CHECKLIST FOR SUBMISSIONS BY POST

Only complete applications would be accepted and processed.
All incomplete or incorrect applications would be returned to you at your own cost. The service charge will also be collected for such cases.

DOCUMENTS MUST BE SENT TO

FOR MADRID

India Consular Application Centre (ICAC)
GLOBAL BLS INTERNATIONAL SERVICES SL
Ground Floor, Calle de Cardenal Marcelo Spinola, 2, 28016, Madrid.

FOR BARCELONA

India Consular Application Centre (ICAC)
GLOBAL BLS INTERNATIONAL SERVICES SL
Passeig de gracia, 103, 2-2, 08008 Barcelona

LIST OF DOCUMENTS TO SEND

- | | |
|---|--------------------------|
| 1 Your Passport | <input type="checkbox"/> |
| 2 The BLS Declaration Form signed and dated | <input type="checkbox"/> |
| 3 All documents required as per the type of application you are submitting, as mentioned on our website | <input type="checkbox"/> |
| 4 This document, signed and dated | <input type="checkbox"/> |
| 5 The amount for the <<Delivery Service>> to add to your payment for the return of your passport | <input type="checkbox"/> |
| 6 Your proof of payment by bank transfer to the account mentioned below | <input type="checkbox"/> |

CALCULATE THE AMOUNT OF YOUR PAYMENT PER PASSPORT

The complete list of fees is available on our website

Fee Structure	Your Case
1 Total fees of your visa/consular service	
2 The ICWF Tax (Indian Community Welfare Fund)	
3 The Service Charge	
4 The Delivery Service	
Total to pay <u>per passport</u>	

VERIFICATION OF YOUR MODE OF PAYMENT

Please note that personal cheques, company cheques or cash cannot be accepted.

Bank transfer to the below account:

BENEFICIARY: GLOBAL BLS INTERNATIONAL SERVICES SL

IBAN: **ES33 2080 1201 0630 4009 2957** SWIFT: **CAGLEMMXXX** (Please mention your name and passport number in the concept)

VERIFICATION OF PROCESSING TIMES

I hereby certify that I have submitted a complete application and that I know and accept the minimum processing times required for my application in the case of a submission by post.

Date _____ Signature _____

YOUR CONTACT DETAILS

Postal address, with your name, where you would like us to send your passport (please fill in **BLOCK LETTERS**):

NOMBRE Y APELLIDO	
CALLE / AVENIDA / CARRETERA	
NUMERO	
ESCALERA	
PLANTA	
PUERTA	
CIUDAD Y PROVINCIA	
CÓDIGO POSTAL	
TELEFONO DE CONTACTO AND E-MAIL	