

**David Lammy
MP for Tottenham**

ENTRY CLEARANCE ENQUIRIES

Please fill in your details below:

NAME

ADDRESS

PHONE NO

FULL NAME(s) AND ADDRESS OF APPLICANT(s):

DATE OF BIRTH:

NATIONALITY:

**NAME OF EMBASSY OR HIGH COMMISSION OR CONSULATE
WHERE APPLICATION WAS MADE:**

**TYPE OF APPLICATION:
(eg VISIT, FAMILY REUNION, STUDENT etc)**

DATE APPLICATION WAS MADE:

APPLICATION REFERENCE NUMBER:

DATE OF REFUSAL (if applicable):

DATE OF APPEAL (if applicable):

NAME AND ADDRESS OF SPONSOR:

CONTACT TELEPHONE NUMBER:

SOLICITORS NAME AND ADDRESS

In order to make enquiries on your behalf we require your consent to release any details provided. Please sign below if you give your consent.

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Details of case and reason for contacting David Lammy MP:

Please attach photocopies of any additional information you feel is important. Please note that any documents submitted cannot be returned.