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| sri lanka.pngVisa Application | | |
| Surname/Family Name\* | |  |
| Other/Given Names\* | |  |
| Title\* | |  |
| Date of Birth\* | |  |
| Gender\* | |  |
| Nationality\* | |  |
| Are you fully vaccinated for COVID-19? (YES/NO)\* | |  |
| Country or Region of Birth\* | |  |
| Occupation\* | |  |
| Do you have any previous Visas for Sri Lanka? (YES/NO)\* | |  |
| Required Visa Duration\* | |  |
| Proposed Entry Date\* | |  |
| Purpose of Visit\* | |  |
| Port of Departure\* | |  |
| Email\* | |  |
| Telephone Number\* | |  |
|  | | |
| Passport Information | | |
| Passport Number\* | |  |
| Date of Issue\* | |  |
| Date of Expiry\* | |  |
| Country Issued By\* | |  |
|  | |
| Contact Information | | |
| Current Address\* | |  |
| City\* | |  |
| State\* | |  |
| Zip Code\* | |  |
| Country or Region\* | |  |
| Full Address in Sri Lanka\* | |  |
|  | |
| Sponsor & Company Information (IF APPLYING FOR BUSINES VISA)\* | | |
| Company in America  Company Name |  | |
| Address |  | |
| Website |  | |
| Telephone Number |  | |
| Person of Contact within Company |  | |
| Previous stated persons’ job title |  | |

|  |  |
| --- | --- |
| Company in Sri Lanka  Company Name |  |
| Address |  |
| Website |  |
| Telephone Number |  |
| Person of Contact within Company |  |
| Previous stated persons’ job title |  |

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| --- | --- |
| Emergency Contact | |
| Name |  |
| Address |  |
| Email |  |
| Telephone Number |  |