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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 AmericaCompany Name |  |
| Address |  |
| Website |  |
| Telephone Number |  |
| Person of Contact within Company  |  |
| Previous stated persons’ job title |  |

|  |  |
| --- | --- |
| Company in Sri LankaCompany 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 |  |