**ETA APPLICATION FOR**

**TOURIST PURPOSE - GROUP**

**Applicants’ Information – Tourist Group Application**

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| Surname / Family Name\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other / Given Names\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Title\* |  | Mr. |  |  | Mrs. |  |  | Miss. |  |  | Ms. |  |  | Rev. |  |  |  | Dr. |  | Master. |  |
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| Date of Birth\* |  | Year |  |  |  |  |  |  | Month |  |  |  | Day |  |  |  |  |  |  |  |  |  |  |  |
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| Gender\* | Male |  |  |  |  | Female |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nationality\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Country of Birth\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Occupation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Passport Number\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Passport Issued Date\* |  | Year |  |  |  |  |  |  | Month |  |  |  |  | Day |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Passport Expiry Date**\*** |  | Year |  |  |  |  |  |  | Month |  |  |  |  | Day |  |  |  |  |  |  |  |  |  |  |  |
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Passports should valid for at least six months from the date of arrival to Sri Lanka

**Child Information (If included in the parent’s passport)**

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| --- | --- | --- | --- | --- | --- |
| **Sr. #** | **Parent’s** | **Surname/Family Name\*** | **Other/Given\*** | **Date of** | **Gender\*** |
|  | **Passport No** |  |
|  |  | **Names** | **Birth\*** |  |
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| **For Official Use only** |

**Travel Information**

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| --- | --- | --- | --- |
| **Intended Travel Date\*****YYYY/MM/DD** | **Purpose of Visit \*** | **Port of Departure** | **Flight Number & Name of Ari Line/Vessel** |
|  | Visiting Friends & Relatives.Sightseeing or Holidaying.Medical Treatment.Participation in sports and cultural performance. |  |  |

**Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Address in the Country & Domicile**  |  | **Address in Sri Lanka\*** |
|  |  |  |  |  |  |
| **Number &** | **City\*** | **State\*** | **Zip/Postal** | **Country** |  |
| **Street\*** |  |  | **Code** |  |
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| **E- mail Address** | **Telephone Number\*** | **Mobile Number** | **Fax Number** |
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**Declarations**

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| --- | --- | --- | --- |
| **Do you have valid resident VISA for Sri Lanka?\*** | **Yes** |  | **No** |
| **Are you currently in Sri Lanka and/or possess an ETA for Sri Lanka\*** | **Yes** |  | **No** |
|  |
|  |
| **Do you have valid multiple entry VISA for Sri Lanka?\*** | **Yes** |  | **No** |
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\* **Mandatory Field.**

I solemnly declare that the information furnished by me in this application is true and I have not willfully suppressed any information that is required, that in the event of issue of visa I shall comply with the terms and conditions subject to which the visa is granted, and that I shall not engage myself in any employment, paid or unpaid, or in any business or trade other than the purpose of visit is granted, and that I shall notify the Controller of Immigration and Emigration of any change in my addresses during my stay in Sri Lanka.

Date: ………………………….. …….………………………

 Signature of applicant