**Details Required for Clearance of Visa through Electronic Travel Authorization**

**Applicant’s Information**

1. Surname / Family Name: ……………………………………………………………………………….
2. Other Given names: ……….. ………………………………………………………………………….
3. Title: …………………………… ………………………………………………………………………….
4. Date of Birth: …………………. ……………….………………………………………………………….
5. Gender: ………………………. ………………………………………………………………………….
6. Nationality: ……………………… ………………………………………………………………………….
7. Country of Birth: ……………….………………………………………………………………………….
8. Occupation: ………………… ………………………………………………………………………….
9. Passport Number: ………………………………………………………………………….
10. Date of Issue of the Passport: ………………………………………………………………………….
11. Date of Expiry of the Passport: ………………………………………………………………………….
12. E-mail Address of the Applicant: ………………………………………………………………………….
13. Telephone and Fax Coordinates of the Applicant: ………………………………………………………

**Travel Information of the Applicant**

1. Purpose of Visit: ……………………………………………………………………………………………
2. Duration of stay in Sri Lanka: ……………………………………………………………………………..
3. Name of the Sri Lanka Mission where applicant could collect the visa: ………………………………

**Mode of Travel of the Applicant:**

1. Proposed Travel Itinerary: …………………………………………………………………………………

**Details of the Host Organization in Sri Lanka:**

1. Name of the Organization: …………………………………………………………………………………
2. Address of the Organization: ………………………………………………………………………………
3. Details of the Coordinator of the Organization (including telephone, fax and e-mail coordinates)
4. Telephone No………………………… …
5. E mail: ……………………………………

 **Contact details of Applicant’s Organization**

1. Name of the Organization: ………………………………………………………………………………….
2. Address of the Organization: ……………………………………………………………………………….
3. Telephone, Fax and E-mail Coordinates: …………………………………………………………………

 Date Signature