



**DEPARTMENT OF IMMIGRATION & EMIGRATION
FORM "B"
APPLICATION FOR A VISIT VISA FOR SRI LANKA**

Embassy of Sri Lanka,
Strandvägen 39, 1Tr, Box 240 55,
104 50 STOCKHOLM
Sweden.

Tel.: +46 (8) 663 65 23/25; Fax: +46 (8) 660 00 89
slembassy@comhem.se

Passport No:..... **Date of expiry:**

Issued on: **Place of Issue:**.....

1. **Surname:**..... **First Name:**

2. **Father's first name and surname:**

3. **Nationality:**

If naturalized, date and place of naturalization and former nationality:
.....

4. **Date of birth:**.....**Place of birth:**

5. **Civil status:**

If married, spouse's surname, first name and address:.....

6. **Applicant's height (cm):**

7. **Any identification marks or peculiarities:**

8. **Address:**

Telephone No. (private):.....**(Office):**.....

9. **Profession:**

10. **Name and address of employer:**
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.....
.....

11. **Stay / resident permit (for non-Swedish nationals only) valid until:**
.....

12. **Whether previously in Sri Lanka? (If so, details of previous visa requests and stays in Sri Lanka):**
.....
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.....

13. **Whether permission to visit Sri Lanka or to extend a stay in Sri Lanka has been refused previously and if so, by whom, when and where? Particulars of such application:**
.....

14. **Purpose of present visit:**

15. **Route and mode of travel to Sri Lanka:**

16. **Period / Dates for which visa is required:**

17. **Name and address of a person in Sri Lanka who can furnish information regarding applicant and security for maintenance and repatriation if so required (otherwise name and address of the hotel):**
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.....

18. **Name and address of a responsible person in Sweden who can furnish information regarding the applicant:**
.....

19. **How much money will the applicant have with him or have available for himself on arrival in Sri Lanka?.....**

20. **Any other reasons to urge in support of this application:.....**
.....

I hereby declare that to the best of my knowledge and belief the foregoing statements are true, that I shall not engage myself in any employment, paid or unpaid, on arrival in Sri Lanka, and that I shall leave Sri Lanka before the date of expiry of the period of my authorized stay in the Island. I also undertake to notify the Controller of Immigration and Emigration, Colombo, immediately if any change of my address while in Sri Lanka occurs.

Date: **Place:**

Signature: