

**PASSENGER INFORMATION**

LAST NAME	
FIRST NAME	
DATE OF BIRTH	
NATIONALITY	
PREVIOUS NATIONALITY IF APPLICABLE	
CITY AND COUNTRY OF BIRTH	
PROFESSION	
COVID 19 VACCINATION STATUS	

**DO YOU HAVE A SECOND PASSPORT? IF YES, INDICATE:**

PASSPORT NUMBER	
PLACE OF ISSUE	
DATE OF ISSUE	
EXPIRATION DATE	
PASSPORT NATIONALITY	

HOME ADDRESS	
PERSONAL PHONE NUMBER	
E-MAIL	

**INFORMATION ABOUT YOUR STAY**

CITY OF ARRIVAL IN SRI LANKA	
AIRLINE COMPAGNY USED	
FLIGHT NUMBER	
ARRIVAL DATE IN SRI LANKA	
CITY OF DEPARTURE FROM SRI LANKA	
DEPARTURE DATE FROM SRI LANKA	

**REFERENCE IN SRI LANKA (a hotel, tour operator, local resident, company)**

FULL NAME	
ADDRESS	
PHONE NUMBER	

**IF BUSINESS VISA**

COMPAGNY NAME (VISITED IN SRI LANKA)	
ADDRESS	
PHONE NUMBER	

Please print, complete, scan and return this document to [contact@visatravel.fr](mailto:contact@visatravel.fr)