

EMBASSY OF LEBANON
NEW DELHI

PHOTO

VISA APPLICATION FORM

FAMILY Name _____ First Name _____
Father's Name _____ Mother's Name _____
Place & Date of birth _____
Nationality (Present) _____ Original Nationality _____
Marital Status _____ Religion _____
Present Address _____
Permanent Address _____
Profession _____
Name & Address of business/Employer _____

Passport No. _____ Valid till _____
Place & Date of issue _____
Purpose of visit _____
Name & Address of reference in Lebanon _____

Date of arrival _____ Duration of stay _____
Previously visited Lebanon _____
Accompanied by _____
Number of trips requested _____
Entering Lebanon by Air / Sea / Land at _____
My signature engages my responsibility and subjects me to penalties specified by law in the event of giving a wrong declaration. I hereby agree not to undertake any work in Lebanon of any kind paid or unpaid.

_____ Date _____ Signature _____

FOR OFFICIAL USE ONLY

REG. NO: _____ / V- _____ /01. _____ Fees collected
TYPE: Transit /Sejour / Business / Other _____ Rs. _____
Valid for: Single / Double / Multiple / journeys _____ L.L. _____
Duration of Visa: 15 days/ _____ Months. _____ Receipt No. _____
Date of Issue _____
Remarks _____