**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: ………………..................................……………

Gender:  ………………..................................……………

1. Nationality: ………………..................................……………
2. Country of Birth:  ………………..................................……………
3. Occupation: ………………..................................……………
4. Passport Number:  ………………..................................……………
5. Date of Issue of the Passport: ..……..................................…...
6. Date of Expiry of the Passport: ..……..................................…...

E-mail Address of the Applicant: ..……..................................…...

Telephone and Fax Coordinates of the Applicant:

...................................................................................………………..................................……………

**Travel Information of the Applicant**

1. Purpose of Visit: .........………………………………………………………........................………
2. Duration of stay in Sri Lanka: …………………………….........................…….........................

**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)

.............................................................................................................................................................

1. Telephone No …………......................….……………
2. Email: ……………………..................…… …

**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