

ETA Application for Business Purpose – Individual

Applicant Information – Individual Application – Business ETA

Surname / Family Name*

Other / Given Names*

Title* Mr. Mrs. Miss. Ms. Rev. Dr. Master

Date of Birth* Year Month Day

Gender* Male Female

Nationality*

Country of Birth*

Occupation

Passport Number*

Passport Issued Date* Year Month Day

Passport Expiry Date* Year Month Day

Child Information

| | Surname/Family Name* | Other/Given Names* | Date of Birth* yyyy/mm/dd | Gender* | Relationship* |
|---|----------------------|----------------------|------------------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Travel Information

| Intended Arrival Date* yyyy/mm/dd | Purpose of Visit* | Port of Departure | Flight Number & Name of Airline / Vessel |
|--------------------------------------|--|----------------------|--|
| <input type="text"/> | <input type="checkbox"/> Business meeting. <input type="checkbox"/> Conference, workshop & seminars. <input type="checkbox"/> Short training. <input type="checkbox"/> Participation in art, music & dance. | <input type="text"/> | <input type="text"/> |

Contact Details of Applicant Company / Organization

| | | | | | |
|------------------------------|--------------------------------|-------|--------|-----------------|---------|
| Company / Organization Name* | Address of applicant's Company | | | | |
| | Number & Street* | City* | State* | Zip/Postal Code | Country |
| | | | | | |

| | | | |
|-----------------|-------------------|---------------|------------|
| E- mail Address | Telephone Number* | Mobile Number | Fax Number |
| | | | |

Contact Details of Applicant Company / Organization

| | | | | | |
|------------------------------|-------------------------------|-------|--------|-----------------|---------|
| Company / Organization Name* | Address of Sri Lankan Company | | | | |
| | Number & Street* | City* | State* | Zip/Postal Code | Country |
| | | | | | |

| | | | |
|-----------------|-------------------|---------------|------------|
| E- mail Address | Telephone Number* | Mobile Number | Fax Number |
| | | | |

Declarations

- Do you have valid resident VISA?* Yes No
- Are you currently in Sri Lanka and possess an ETA* Yes No
- Do you have valid multiple entry VISA?* Yes No

*** Mandatory Fields**

I solemnly declare that the information furnished by me in this application is true and I have not willfully suppressed any information that is required, that in the event of issue of visa I shall comply with the terms and conditions subject to which the visa is granted, and that I shall not engage myself in any employment, paid or unpaid, or in any business or trade other than the purpose of visit is granted, and that I shall notify the Controller of Immigration and Emigration of any change in my addresses during my stay in Sri Lanka.

Date:

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Signature of applicant