

ETA Application for Business Purpose-Individual

Applicant Information – Individual Application – Business ETA

Surname / Family Name*								
Other / Given Names*								
Title*	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Rev. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Master. <input type="checkbox"/>	
Date of Birth*	Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>	Day	<input type="text"/> <input type="text"/>		
Gender*	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>				
Nationality*								
Country of Birth *								
Occupation*								
Passport Number*								
Passport Issued Date *	Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>	Day	<input type="text"/> <input type="text"/>		
Passport expiry Date *	Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month	<input type="text"/> <input type="text"/>	Day	<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="checkbox"/> Business meeting. <input type="checkbox"/> Conference, workshop & Seminars. <input type="checkbox"/> Short Training. <input type="checkbox"/> Participation in art, music & dance. <input type="checkbox"/> Other. Please specify below.		
Intended departure Date* yyyy/mm/dd			

Entries*: Single ☐ Double ☐ Multiple ☐

Contact Details of the Applicant

Address in the Country of Domicile*			Postcode:
Address in Sri Lanka*			
E-mail Address	Residence Telephone Number*	Mobile Number	

Contact Details of the UK Organization / Company

Name of the Organisation/ Company *

Address *

Contact details of the responsible person of the aforesaid UK Organisation / Institution / Company related to applicant's visit

Name:

E-mail Address

Mobile No:

Office Telephone No:

Fax No:

Contact Details of the Sri Lankan Organisation / Company

Name of the Organisation/ Company *

Address *

Contact details of the responsible person of the aforesaid Sri Lankan Organisation / Institution / Company related to applicant's visit

Name:

E-mail Address

Mobile No:

Office Telephone No:

Fax No:

Declarations

Do you have valid Sri Lankan 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 hereby declare that the information furnished by me in this application is true and I am solely responsible for accuracy. In the event of issuance of visa, I shall comply with the terms and conditions subject to which the visa is granted and shall not engage myself in any form of employment, paid or unpaid, or in any business or trade other than the purpose of visit is granted. I am fully aware that suppression of facts or furnishing mis-leading / false information will result in denial of visa without assigning any reason.

I shall notify the Controller of Immigration & Emigration of any change in my address during my stay in Sri Lanka.

Date:

Signature of the applicant:.....