HIGH COMMISSION FOR THE PEOPLE'S REPUBLIC OF BANGLADESH PRETORIA, REPUBLIC OF SOUTH AFRICA

Tel: (012)-343-2105-7/ Fax: 27-12-343-5222

Bangladesh Visa Application Form

NOTE: If particulars furnished below are found to be incorrect or withheld, visa may be refused. Use BLOCK letters to fill up.

Please submit your Passport with one Passport - sized recent photograph.

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM

FULL NAME (First /Middle/Family Name)

FILE NAME (First Middle/For							
FULL NAME (First /Middle/Fan	03.DATE OF BIRTH(DD/MM/YYY)					1	
02. PLACE OF	U3.DATE	OF DIK	TH(DD/MMAL I	11)			
BIRTH(CITY/State/Country)		,	1		Staple		
	24 0577		06, MARITAL	STAT	IIC	3x copies picto	
04. NATIONALITY	05.SEX		06, MARITAL	SIAI	US	-	
			36 : 177	100	:	$(37 \text{ mm} \times 37 \text{ mm})$	
	Male / F	emale	Married/Unma	mea/Di	(vorced/		
			Widowed			Si I (26 bi I (Daubla	
07 Profession)8.Type	of Visa		Entry:	Single / Multiple / Double	
09. Type of Passport, Number							
10. Place of issue			11	. Date	of expiry		
12. Spouse's Name					Nationality:		
13. Father's Name: Nationality:							
14.Mother's Name: Nationality:							
15.Home Address:							
16. Telephone:		17.Fax:			18.E-mail:		
10. relephone.							
19.Business/Work Address:							
i		21.Fax:			22.E-mail:		
20. Telephone:		21.1 (4.1.					
23. Name of Employer		25.Fax:			26.E-mail:		
24. Telephone:	-ioto hov)	<u>المار تات</u>			20.22		
27. Purpose of visit (Tick approp	mate box)						
Tourism (incl. Tablig/visiting Business/Investment	g relatives, e	ic)					
Seminar/Conference/Govt/Delegation							
Cultural/Scientific Programm	ne						
Cultural/Scientific ProgrammMissionary							
☐ NGO Works							
□ Official							
Expert(s) / Worker(s)/Teacher(s)/Representative(s)/in Industrial/Educational/Trading Org./Sports/Artistic Activities							
etc.							
Govt. contractual employment							
Study/Research							
	Employment in UN / International Organisations						
☐ Journalist /Media(Print & Electronic)							
Others (Specify)							
28.Name and Address of Person(s), Institution or Company where you can be contacted							
					30 7 1		
29. Address while in Bangladesh					30. Telephone		
31. Place and probable date of arr	ival			32.	Intended duration	on of stay	
•							
33. Have you ever been to Bangladesh 34. If Yes, date and length of last visit							
□ Yes							
□ No.							
35. Name and Relationship of Person(s) Travelling with you							
33.14ame and Relationship of Letson(3) Travolims with you							
36. Declaration							
I declare that the above information is true and accurate							
Name Date/Signature (dd /mm /yyy)							
(dd / 111111 / 333)							
The state of the state of the Declaration Incomplete forms will be returned							
Please ensure that you have answered items 1 through 35 and signed the Declaration. Incomplete forms will be returned.							

FOR OF	FICIAL USE ONLY (Do not write i	n this space)
		Date//
Visa No	Classification	·
Type: Single / Multiple	/Transit	
Date of issue	Validity	
Authorised Duration		
Refused on	Reviewed by	
Comments:		
	(Name and Designation of the Is	suing Authority with seal)