ETA Application for Tourist Purpose – Individual

| App | licant Information | - Individual Application - Tourist ETA | | | | | | |
|-----------------------|--------------------|----------------------------------------------------|---------------------|--|--|--|--|--|
| Surna | me / Family Name* | | | | | | | |
| Other | / Given Names* | | | | | | | |
| Title* | | Mr. Mrs. Miss. Ms. Rev. Dr. Master | | | | | | |
| Date of Birth* | | Year Month Day | | | | | | |
| Gender* | | Male Female | | | | | | |
| Nationality* | | | | | | | | |
| Counti | ry of Birth* | | | | | | | |
| Occupation | | | | | | | | |
| Passport Number* | | | | | | | | |
| Passport Issued Date* | | Year Month Day |] | | | | | |
| Passport Expiry Date* | | Year Month Day | | | | | | |
| Chi | ld Information | | | | | | | |
| S | surname/Family Nam | e* Other/Given Names* Date of Birth* yyyy/mm/dd Ge | nder* Relationship* | | | | | |
| ı | | | w, | | | | | |
| 2 | | | | | | | | |
| 3 | | | - | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | .,, | | | | | | | |
| 1 | | | P.T.O | | | | | |

| Travel | Infor | ma | tion |
|--------|-------|----|------|
| | | | |

| | Respectation Control | NAME AND PARTY OF THE PARTY OF | Contract of the contract of th | TOTAL PROPERTY OF THE PARTY OF | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|--|--|--|
| Intended Arrival I yyyy/mm/dd | 1 | Purpose of Visit* Visiting friends and relatives. Sightseeing or Holidaying. Medical treatment. Participation sports, cultural performance. | | Port of Departure | Flight Number & Name of Airline / Vessel | | | | |
| | Si | | | | | | | | |
| Contact Details | | | | | | | | | |
| | Address in | the Country & I | Oomicile | | Address in Sri Lanka* | | | | |
| Number & Street* | City* | State* | Zip/Postal Code | Country | | | | | |
| | | | | M.I. T. North | For Number | | | | |
| E- mail A | ddress | Telephone Number* | | Mobile Number | Fax Number | | | | |
| | | | | - | | | | | |
| Declarations | | | | | | | | | |
| Do you have valid | resident VISA | .?* | | | Yes No | | | | |
| Are you currently | | | TA* | | Yes No | | | | |
| Do you have valid multiple entry VISA?* Yes No | | | | | | | | | |
| | | | | C. | * Māndatory Field | | | | |
| 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: | | | | | | | | | |