



PASSENGER INFORMATION

LAST NAME	
FIRST NAME	
DATE OF BIRTH	
NATIONALITY	
PREVIOUS NATIONALITY IF APPLICABLE	
CITY AND COUNTRY OF BIRTH	
PROFESSION	
COVID 19 VACCINATION STATUS	

DO YOU HAVE A SECOND PASSPORT? IF YES, INDICATE:

PASSPORT NUMBER	
PLACE OF ISSUE	
DATE OF ISSUE	
EXPIRATION DATE	
PASSPORT NATIONALITY	

HOME ADDRESS	
PERSONAL PHONE NUMBER	
E-MAIL	

INFORMATION ABOUT YOUR STAY

CITY OF ARRIVAL IN SRI LANKA	
ARRIVAL AIRPORT IN SRI LANKA	
AIRLINE COMPAGNY USED	
FLIGHT NUMBER	
ARRIVAL DATE IN SRI LANKA	
CITY OF DEPARTURE FROM SRI LANKA	
DEPARTURE DATE FROM SRI LANKA	

REFERENCE IN SRI LANKA (a hotel, tour operator, local resident, company)

FULL NAME	
ADDRESS	
PHONE NUMBER	

IF BUSINESS VISA

COMPAGNY NAME (VISITED IN SRI LANKA)	
ADDRESS	
PHONE NUMBER	

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