ETA Application for Tourist Purpose – Group

Travel Informa	ation							
Intended Arrival Date* yyyy/mm/dd		Purpose of Visit*				Port of Departure	Flight Number of Airline /	
		Sig Me	Visiting friends and relatives. Sightseeing or Holidaying. Medical treatment. Participation sports, cultural performance					
Contact Details								
Address in the Country & Domicile							Address in Sr	i Lanka*
Number & Street*	Ci	ty*	State*	Zip/Postal Code		Country		
					•	1		
E- mail Address			Telephone Number* M		lobile Number	Fax Nu	ımber	

Applicant Information – Group Application – Tourist 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 Na	me* Other	/Given Names*	Date of Birth* yyyy/mm/dd	Gender*	Relationship*		
1							
2							
4							
5							
6							
Declarations							
Do you have valid reside	nt VISA?*			Y	'es No		
Are you currently in Sri Lanka and possess an ETA* Yes No							
Do you have valid multip	le entry VISA?	*			res No		
I solemnly declare that t suppressed any informat and conditions subject to paid or unpaid, or in any the Controller of Immigr	on that is require which the visa business or trace	red, that in the ever is granted, and tha de other than the pu	nt of issue of visa t I shall not engagary arpose of visit is	s true and I I shall com ge myself in granted, and	nply with the terms on any employment of that I shall notify		
Date:			Sign	ature of app	olicant		

Applicant Information – Group Application – Tourist ETA									
Sur	name / Family Name*								
Oth	er / Given Names*								
Titl	e*	Mı	r. Mrs. Miss. Rev. Dr. Master						
Date of Birth*		Year Month Day							
Gender*		Male Female							
Nat	ionality*								
Cou	ntry of Birth*								
Occ	cupation								
Pas	sport Number*								
Pas	sport Issued Date*	Ye	ear Day Day						
Pas	sport Expiry Date*	Ye	ear Day Day						
C	hild Information								
	Surname/Family Name*		Other/Given Names* Date of Birth* yyyy/mm/dd Gender* Relationshi	p*					
1									
2									
3									
4									
5									
6									
D	eclarations								
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 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.									
Dat	Date:								