ETA Application for Business Purpose – Group

Travel Information –	Group Applic	cation – Busi	ness E	ETA					
Intended Arrival Date* yyyy/mm/dd	Pur	pose of Visit*			Port of Departure		Flight Number & Name of Airline / Vessel		
	Short train	e, workshop &							
Contact Details of Applicant Company / Organization									
	Address of applicant's Company								
Company/Organization Name*	Number & Street*	City*		State*	Zip/Postal Code		Country		
E- mail Address	Teleph	Telephone Number* M		lobile Num	le Number		Fax Number		
Contact Details of Sri Lankan Company / Organization									
	Address of applicant's Company								
Company / Organization Name*	Number & Street*			State*	e* Zip/Postal Code		Country		
E- mail Address	Teleph	Telephone Number*		lobile Num	nber F		Fax Number		

Applicant Information – Group Application – Business ETA							
Sur	name / Family Name*						
Oth	er / Given Names*						
Titl	e*	Mr	r. Mrs. Miss.	Ms. Rev.	Dr.	Master.	
Dat	te of Birth* Year Month Day						
Gen	ıder*	Male Female					
Nat	ionality*						
Cou	ntry of Birth*						
Occ	cupation						
Pas	sport Number*						
Pass	sport Issued Date*	Ye	ear Month	Day [
Pass	Passport Expiry Date* Year Month Day						
Child Information							
Γ	Surname/Family Name*		Other/Given Names*	Date of Birth* yyyy/mm/dd	Gender*	Relationship*	
1							
2							
3							
4							
5							
6							
Declarations							
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 Fields 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: Signature of applicant						

Applicant Information – Group Application – Business ETA						
Sur	name / Family Name*					
Oth	er / Given Names*					
Titl	e*	Mı	r. Mrs. Miss. Ms. Rev.	Dr.	Master	
Dat	e of Birth*	Ye	ear Month Day			
Ger	nder*	Male Female				
Nat	ionality*					
Cou	intry of Birth*					
Occ	cupation					
Pas	sport Number*					
Pas	Passport Issued Date* Year Month Day					
Pas	Passport Expiry Date* Year Month Day					
C	hild Information					
Г	Surname/Family Name*		Other/Given Names* Date of Birth*	Kelationship		
1			yyyy/IIII/dd			
2						
3						
4						
5						
6						
D	eclarations					
Do	you have valid residen	t VIS	SA?*	Y	res No	
Are you currently in Sri Lanka and possess an ETA* Yes No No						
Do you have valid multiple entry VISA?* Yes No						
su an pa th	ppressed any information conditions subject to aid or unpaid, or in any e Controller of Immigr	on the which busing the world with t	formation furnished by me in this application hat is required, that in the event of issue of vision the visa is granted, and that I shall not engagness or trade other than the purpose of visit is and Emigration of any change in my addresses	is true and a I shall con age myself a granted, ar	mply with the term in any employmen nd that I shall notif	
Da	ate:			ature of apr	olicant	