

ETA Application for Tourist Purpose-Individual

Applicant Information – Individual 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

Travel Information

Intended Arrival Date* yyyy/mm/dd	Purpose of Visit *	Port of Departure	Flight number & Name of Airline/ Vessel
	<input type="checkbox"/> Visiting friends and relatives. <input type="checkbox"/> Sightseeing or Holidaying. <input type="checkbox"/> Medical treatment. <input type="checkbox"/> Participation in sports and cultural performance.		
Intended departure Date* yyyy/mm/dd			

Contact Details of the Applicant

Address in the
Country
of Domicile*

Post Code:

Address in
Sri Lanka*

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E-mail Address	Residence Telephone Number*	Mobile Number

Declarations

- | | | |
|--|------------------------------|-----------------------------|
| Do you have valid Sri Lankan resident VISA?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently in Sri Lanka and possess an ETA* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have valid multiple entry VISA* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***Mandatory Fields**

I hereby declare that the information furnished by me in this application is true and I am solely responsible for accuracy. In the event of issuance of visa, I shall comply with the terms and conditions subject to which the visa is granted and shall not engage myself in any form of employment, paid or unpaid, or in any business or trade other than the purpose of visit is granted. I am fully aware that suppression of facts or furnishing mis-leading / false information will result in denial of visa without assigning any reason.

I shall notify the Controller of Immigration & Emigration of any change in my address during my stay in Sri Lanka

Date:

Signature of the applicant:.....