



EMBASSY OF LEBANON  
TO  
THE REPUBLIC OF INDIA

PHOTO

## VISA APPLICATION FORM

GIVEN NAME:		FAMILY NAME:	
FATHER'S NAME:		MOTHER'S NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:	CURRENT NATIONALITY:	OTHER NATIONALITY:
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW		RELIGION:
CONTACT NUMBER:	PERMANENT ADDRESS:		
EMAIL:	CURRENT ADDRESS:		
DESIGNATION:	COMPANY NAME:	ADDRESS OF COMPANY/ EMPLOYER:	
TYPE OF TRAVEL DOCUMENT: <input type="checkbox"/> ORDINARY PASSPORT <input type="checkbox"/> DIPLOMATIC PASSPORT <input type="checkbox"/> OFFICIAL PASSPORT <input type="checkbox"/> SERVICE PASSPORT			
PASSPORT NO.:	DATE OF ISSUE:	DATE OF EXPIRY:	PLACE OF ISSUE:
NAME & ADDRESS OF REFERENCE IN LEBANON:			
ADDRESS DURING YOUR STAY IN LEBANON:			
RELATIONSHIP TO HOST IN LEBANON: _____ NAME (i): _____ (ii): _____			
MAIN PURPOSE(S) OF VISIT: <input type="checkbox"/> TOURISM <input type="checkbox"/> BUSINESS <input type="checkbox"/> MEDICAL <input type="checkbox"/> EDUCATION <input type="checkbox"/> OFFICIAL <input type="checkbox"/> FAMILY/ FRIENDS <input type="checkbox"/> TRANSIT <input type="checkbox"/> OTHER (please specify) _____			
DATE OF ARRIVAL:	DURATION OF STAY:	ACCOMPANIED BY:	
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE ENTRY <input type="checkbox"/> DOUBLE ENTRY <input type="checkbox"/> MULTIPLE ENTRY			
PREVIOUSLY VISITED LEBANON: <input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, WHEN (DD/MM/YYYY) _____			
ENTERING LEBANON: <input type="checkbox"/> BY AIR <input type="checkbox"/> BY LAND <input type="checkbox"/> BY SEA			

\*My signature engages my responsibility and subjects me to penalties specified by law in the event of giving a wrong declaration.  
\*I hereby agree not to undertake any work in Lebanon of any kind paid or unpaid.

DATE: \_\_\_/\_\_\_/\_\_\_

SIGNATURE: \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>	<b>FEES COLLECTED</b>
VISA NO.: ___/___/___	DATE OF ISSUE: ___/___/___
VISA TYPE: <input type="checkbox"/> TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL	<input type="checkbox"/> 2625 RS <input type="checkbox"/> 52500 L.L
NUMBER OF ENTRIES: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> MULTIPLE	<input type="checkbox"/> 3750 RS <input type="checkbox"/> 75000 L.L
DURATION OF STAY: <input type="checkbox"/> 15 DAYS <input type="checkbox"/> 1 MONTH <input type="checkbox"/> 3 MONTHS <input type="checkbox"/> 6 MONTHS	<input type="checkbox"/> 5250 RS <input type="checkbox"/> 105000 L.L
	RECEIPT: _____