ETA Application for Tourist / Business / Transit By Third Party - Individual/ Group

Purpose of Visit (to be marked (x) in relevant cage)									
Tourist	Business				Transit				
Visiting friends at relatives Sightseeing or Holidaying Medical treatment Participate in specultural perform	t orts,	Confe	erence/ term tr cipate i	/Worskl raining (l in art, n	gotiations nop/seminar ess than 01 M) nusic, dance			ys (Transit mited ONLY lays)	
Travel Information									
Intended Arrival Port of Depart Date* yyyy/mm/dd			re	Final Destination* Flight Number & Name of Airline / Vessel			of Airline /		
Contact Details of Fo	reign C	ompany / C	rgan	ization	– Business P	Purpos	e only		
Company / OrganizationName*		Address of Sri Lankan Company							
		umber & Street*			State*		Postal ode	Country	
E- mail Address	6	Telephono	e Num	nber*	Mobile Nu	mber	Fa	x Number	

Contact Details of Sri Lankan Company / Organization – Business Purpose only

Company / Organization	1	Address of applicant's Company							
Name*	Nu	Number & Street*		ty* S		ate*	Zip/Postal Code		ountry
E- mail Address		Telephon	e Numbe	er*	Mob	oile Num	ber	Fax Nu	ımber
Contact Details Third	Party								
Type of Third Party *	Organiz	zational	Co	mpa	my] 1	Personal		
Surname / Family	*Othe	r Name / G	Siven			Addre	ss of Thi	ird Party	
name *		Name		Nu	mber	City*	State*	•	Country
				St	& reet*			Postal Code	
								3 3 3 3 3	

Applicant Information - Individual Application - Third Party ETA						
Suri	name / Family Name	*				
Oth	er / Given Names*					
Title	e*	Mr.	Mrs Mi	iss. Ms. R	ev. Dr.	Master.
Date	e of Birth*	Year	M	Ionth Day		
Gen	der*	Male	Female			
Nati	ionality*					
Cou	ntry of Birth*					
Occ	upation					
Pass	sport Number*					
Pass	sport Issued Date*	Year	Mc	onth Day		
Pass	sport Expiry Date*	Year	Mo	onth Day		
Pas	ssports should va	alid for at leas	t six months	from the date of a	rrival to Sri Lan	ıka
	hild Information	(If : al d a d :	: 4h o	t ² a maaamant)		
	hild Information	(11 mciudea)	m the parent			
	Parent's Passport No	Surname/Far	nily Name*	Other/Given* Names	Date of Birth* yyyy/mm/dd	Gender*
1						
2						
3						
4						
5						
6						
	eclarations	· I A VIICA C.	C . I . I . 9*		X 7	NI
	you have valid res				Yes Vac	
	you currenuy in you have multiple		_	ETAfor Sri Lanka*	Yes Yes	No No
Du	you have multiple	chuy visaioi	SII Lalika.			
sup con unp Imn	pressed any informa ditions subject to waid, or in any busine nigration and Emigra	tion that is requi hich the visa is g ss or trade other t tion of any chang	red, that in the granted, and that the purpose	me in this applicatio event of issue of visa at I shall not engage a e of visit is granted, and ses during my stay in S	n is true and I hav I shall comply with myself in any emplo I that I shall notify the	n the terms and syment, paid or
Da	ate:				Signature of applica	ant

Applicants' Information	tion – Group Application	n – Third Party ET	A –If Applicab	ole
Surname / Family Name*				
Other / Given Names*				
Title*	Mr. Mrs. Miss	s. Ms. Rev	. Dr.	Master.
Date of Birth*	Year Mor	nth Day		
Gender*	Male Fema	ale		
Nationality*				
Country of Birth*				
Occupation				
Passport Number*				
Passport Issued Date*	Year Moi	nth Day		
Passport Expiry Date*	Year Mor	nth Day		
Passports should valid	for at least six months f	from the date of an	rival to Sri Laı	nka
Child Information (1	If included in the parent'	s passport)		
Parent's Passport No Si	urname/Family Name*	Other/Given* Names	Date of Birth*	Gender*
1		1 (Willes	227	
2				
3				
4				
5				
_				
6				
Declarations				
Do you have valid reside	ent VISA for Sri Lanka?*		Yes	No
Are you currently in Sri	i Lanka and/or possess an I	ETA for Sri Lanka*	Yes	No No
Do you have valid multi	ple entry VISA for Sri Lan	ıka?*	Yes	No No
			* M	 andatory Fiel
suppressed any informatic conditions subject to whi unpaid, or in any business	the information furnished by on that is required, that in the ich the visa is granted, and the or trade other than the purpose on of any change in my address	event of issue of visa at I shall not engage ne of visit is granted, and	n is true and I h I shall comply w nyself in any emp I that I shall notify	ave not willfu with the terms a ployment, paid
Date:		 Si	gnature of applic	 ant