

ADDITIONAL INFORMATION FORM FOR ARMED FORCES PERSONNEL AND THEIR FAMILY APPLYING FOR BANGLADESHI VISA

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM				
01. FULL NAME (First/Middle/Family Name)				Photograph (2xpp Size)
02. PLACE OF BIRTH (City/State/Country)		03. DATE OF BIRTH (dd/mm/yyyy)		
04. NATIONALITY	05. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		06. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	
07. PROFESSION		08. TYPE OF VISA :		
09. NATIONAL ID NUMBER :		10. SOCIAL SY NUMBER (SSN):		
11. FINANCIAL SOLVENCY CERTIFICATE:				
12. PASSPORT NUMBER	13. PLACE OF ISSUE	14. DATE OF EXPIRY		TYPE OF PASSPORT
15. SPOUSE'S NAME :			NATIONALITY :	
16. CHILDREN NAME	MAIL	FEMALE	AGE	NATIONALITY
A.				
B.				
17. FATHER'S NAME :			NATIONALITY :	
18. MOTHER'S NAME :			NATIONALITY :	
19. HOME ADDRESS :				
20. TELEPHONE :		21. FAX :	22. E-Mail :	
23. BUSINESS/WORK ADDRESS :				
24. TELEPHONE :		25. FAX :	26. E-Mail :	
27. NAME OF EMPLOYER :				
28. TELEPHONE :		29. FAX :	30. E-Mail :	
31. PURPOSE OF VISIT (Tick Appropriate Box)				
<input type="checkbox"/> Tourism (Incl. Travelling/Visiting Relatives etc) <input type="checkbox"/> Business/Investment <input type="checkbox"/> Seminar/Conference/Govt. Delegation <input type="checkbox"/> Cultural/Scientific Programme <input type="checkbox"/> Missionary <input type="checkbox"/> NGO Works <input type="checkbox"/> Official <input type="checkbox"/> Expert (s)/Worker(s)/Teacher(s)/Representative(s) in Industrial/Education/Training Org/Sports/Artistic Activities etc. <input type="checkbox"/> Govt. Contractual Employment <input type="checkbox"/> Study/Research <input type="checkbox"/> Employment in UN/International Organisations <input type="checkbox"/> Journalist/Media (Print & Electronic) <input type="checkbox"/> Others (Specify)				
32. NAME AND ADDRESS OF PERSON (S), INSTITUTION OR COMPANY WHERE YOU WANT TO VISIT				
33. LETTER OF SPONSORSHIP				
34. NAME AND RESERVATION LETTER OF HOTEL				
35. HOME ADDRESS WHILE IN BANGLADESH & E-MAIL ADDRESS (IN CASE OF EMERGENCY - CONTACT ADDRESS)			36. TELEPHONE & CELL PHONE NO :	
37. PLACE AND PROBABLE DATE OF ARRIVAL (PORT OF ENTRY/ EXIT WITH DATE)			38. INTENDED DURATION OF STAY FROM : TO :	
39. TYPE OF VISA : SINGLE ENTRY		MULTIPLE ENTRY		
40. HAVE YOU EVER BEEN TO BANGLADESH <input type="checkbox"/> Yes <input type="checkbox"/> No		41. IF YES, DATE AND LENGTH OF LAST VISIT		
42. JOB DESCRIPTION IN BANGLADESH AND SPONSORED BY :				
43. MEDICAL RECORD :				
44. CRIMINAL RECORD :				
45. EMPLOYMENT HISTORY :				
46. NAME AND ADDRESS OF PERSON(S) TRAVELLING WITH YOU				
47. DECLARATION I declare that the above information is true and accurate <p align="right">(dd/mm/yyyy)</p>				
NAME	DATE	SIGNATURE		
Please ensure that you have answered all items and signed the declaration. Incomplete forms will be returned.				