

**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<br>(2xpp Size)       |
| 02. PLACE OF BIRTH (City/State/Country)   |  | 03. DATE OF BIRTH (dd/mm/yyyy)   |                                 |
| 04. NATIONALITY   | 05. SEX<br><input type="checkbox"/> Male <input type="checkbox"/> Female | 06. MARITAL STATUS<br><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                             |
| 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<br><input type="checkbox"/> Cultural/Scientific Programme <input type="checkbox"/> Missionary <input type="checkbox"/> NGO Works <input type="checkbox"/> Official<br><input type="checkbox"/> Expert (s)/Worker(s)/Teacher(s)/Representative(s) in Industrial/Education/Training Org/Sports/Artistic Activities etc.<br><input type="checkbox"/> Govt. Contractual Employment <input type="checkbox"/> Study/Research <input type="checkbox"/> Employment in UN/International Organisations<br><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<br>FROM : TO :   |                                 |
| 39. TYPE OF VISA :  | MULTIPLE ENTRY   |  |                                 |
| SINGLE ENTRY  |  |  |                                 |
| 40. HAVE YOU EVER BEEN TO BANGLADESH<br><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   |  |  |                                 |
|   |  | (dd/mm/yyyy)   |                                 |
| NAME  | DATE   | SIGNATURE  |                                 |
| Please ensure that you have answered all items and signed the declaration. Incomplete forms will be returned.   |  |  |                                 |