



SRI LANKA E-VISA FORM

Personal Data

First Name: _____ Middle Name: _____

Last Name: _____

Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Rev. ☐ Dr. ☐ Master

Date of Birth (dd/mm/yyyy): _____

Gender: ☐ Male ☐ Female

Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Other (Specify) _____

Country of Citizenship: _____

Country of Birth: _____ Place of Birth: _____

Occupation: _____

Contact Data

Country of Residence: _____

Current Residential Address: _____

City: _____ State: _____ ZipCode: _____

Mobile Number: _____ Email: _____

Name of Employer: _____

Work Address: _____

City: _____ State: _____ ZipCode: _____

Work Phone Number: _____ Work Fax, if any: _____

Work Email: _____

Passport Data

Passport Type: ☐ Ordinary ☐ Official/diplomatic

Passport Number: _____ Place of Issue: _____

Date of Expiry: _____ Date of Expiry: _____

Details of Visit

Purpose of Visit:

☐ Business

Specific purpose of visit: _____



SRI LANKA E-VISA FORM

- ☐ Business meetings
- ☐ Attend short term training
- ☐ Participate in religious activities

☐ Tourism

Specific purpose of visit:

- ☐ MICE Tourism (Meetings, Incentives, Conferences and Exhibitions)
- ☐ Visiting Friends and Relatives
- ☐ Sightseeing or Holiday
- ☐ Medical treatment (including Ayurvedic/Herbal)
- ☐ Participate in arts, music, and dance events
- ☐ Participate in pilgrimages
- ☐ Participate in weddings
- ☐ Participate in sports events

Date of Entry: _____ Date of Departure: _____

Port of Entry:

- ☐ Bandaranaike International Airport
- ☐ Jaffna International Airport
- ☐ Mattala Rajapaksa International Airport

Place of Stay (Hotel in Sri Lanka):

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____

Business Contact in Sri Lanka (for Business e-visa only)

Name of Sri Lankan Company/Organization: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Phone Number: _____ Work Fax, if any _____

Email: _____ Business Registration Number: _____



I confirm that all information provided in this form is accurate and valid

Name and Signature _____