

Type of Visa:

High Commission for Bangladesh, Canada

275 Bank Street, Suite:302, Ottawa, Ontario, K2P 2L6, Canada

Tel:(613)-236-0138 Fax:(613)-567-3213

E-mail: bangla@rogers.com Web: http://www.bdhc.org

APPLICATION FOR - VISA

PLEASE COMPLETE ALL ITEMS OR WRITE "N/A" (NOT APPLICABLE) IF NEEDED. PLEASE TYPE OR PRINT CLEARLY

Single Entry Double Entry Multiple Entry

Please attach 1 copy of 40 mm X 50 mm photograph taken within the last six months

Please provide One more copy of same size photograph

1. First Name:		Middle:	Las					
2. Nationality	:		3.Date of Birth:		[day- month - year			
4. Place of bir	th (City / Prov	or State/Country):						
5. Sex: N	lale Fem	ale 6. Marital Status	Single	Married	Widow/Widower	Divorced		
7. Father's Name:			8. Father's Na	ationality: _				
9. Mother's Name:			10. Mother's I	10. Mother's Nationality:				
10. Spouse's	Name:		12. Spouse's	12. Spouse's Nationality:				
	rs of Passpoi							
	Passport No: Place of issue:			ue:	[day - n	[day - month - year]		
Date of Expiry	y:	[day - month	ı - year]					
14. Present A					difference from Presen			
Apt # :		City:	Apt # :		City:			
Province: Postal Code:			Province /	Province / State:				
Tel :	Tel :Cell:			Postal / Zip Code:				
Email:				Country:				
	Business Add	ress:						
Postal / Zip	p Code:		Country:					
				Email:				
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APPLICATION FOR - VISA (PAGE - 2)

18. Purpose of Visit:

Dusiness / Investment	Cultural	Colombifia Drawns			-toto		
Business / Investment		Scientific Progra	rial/Educational/Training Organizations/Sport/Artistic Activities				
	·				·		
Journalist / Media	Missionary W	orks Gov	vernment Contra	actual Employment	NGO Works		
Study / Research	Official	Tourism(Incl	uding Tablig / '	Visiting Relatives)			
Others (Please Specif							
19. Expected date of arrival							
21. Intended duration of sta	y (days):	22.	Have you ever	been to Bangladesh?	YES N	NO	
If YES, indicate the Dat	e (appx) From_	t	0	_ [day- month - year]	, Length of stay	day	
		t	0	_ [day- month - year]	, Length of stay	day	
Contact details in Bang							
23. Institution Or Company	Whom May Be Co		•				
Tel:							
24. Address where you will s						,	
Address :							
Tel:	<u>.</u>		Fax:				
25. Method of Payment:	Rank Draft / M	oney Order No:		Date:	lday-month	h_vearl	
20. Method of Fayment.				Amount (C\$):		, year j	
The best of my knowledge and I						that is no	
true, I will render myself liable	o prosecution unde	er the law.		,	G		
Place:			Signature of the	e Applicant:		,	
Date:		- month - year]					
Office Use Only :		 	Visa No:	Passport N	lO:	- ¦	
		 	Amount(C\$)	Recei	pt no:		
			Signature of	the issuing officer:		 	
		İ	Date:			 	
		ĺ				- !	