

Tel: (800)345-6541



Bangladesh Tourist visa Application

!	Please enter your contact information		
Name:			
Email:			
Tel:		Mobile:	
The lat	test date you need your passport returned in time for y	our travel:	
	Panaladach taurist visa shasklist		
	Bangladesh tourist visa checklist		
	Filled out and signed Bangladesh tourist visa applicati	on form. The form is enclosed.	
	Original passport. Passport must have at least 6 months re	maining validity and have at least 1 v	isa page.
	2 Photographs. Standard passport photographs 2x2 inches	on a white background.	
	Payment. Credit Card Authorization form, Certified Check, or	r Money Order payable to VisaHQ.com	
	Return mailer. Prepaid self-addressed return label or payme	ent for FedEx.	
	If you wish to prepay return shipping, please add the ship	pping fee to the total and provide re	eturn address:
	FedEx 2nd day delivery - add \$15	Name:	
	FedEx Standard Overnight - add \$20	Company:	
	FedEx Priority Overnight - add \$25	Address:	
	FedEx Saturday delivery - add \$45		
Ц	FedEx First Overnight - add \$75	City:	
	Prepaid self addressed mailer - \$0 Local pick up in Washington - \$0	State:	Zip:



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Proof of status. Copy of Green Card (both sides) or other proof of legal status in the US (such as copy of I-20, US visa, H1B approval notice, etc. VisaHQ cannot assist US **B1/B2 visa holders** at this time.)

Itinerary. Copy of round trip tickets or confirmed itinerary.



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Bangladesh tourist visa fees for citizens of Sri Lanka

Type of visa	Validity	Processing time	Embassy fee	Service fee	Total
Single entry	up to 30 days	4 business days	\$10.00	\$79.00	\$89.00
Double entry	up to 90 days	4 business days	\$10.00	\$79.00	\$89.00
Multiple entry	up to 90 days	4 business days	\$20.00	\$79.00	\$99.00

This order is subject to Terms of Service, posted on VisaHQ website. All fees and requirements may change without notice.



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Credit Card Authorization Form

By signing this form i accept VisaH	com Terms of Service and authorize to charge my credit card for the amount of \$
Name on the Credit Card:	
Credit Card number:	
Exp. date:	1
Credit Card Billing Address:	
Signature:	
Comments:	
	Thank you! We accept all major credit cards.
	WSAL COM PayPal GSA SmartPay* 2

EMBASSY OF THE PEOPLE'S REPUBLIC OF 3510, International Dr., NW Washington, DC 20008 Tel: (202) 244-0183; Fax: (202) 244-783	
Visa Application for travel to Bangladesh:	Form E
 Please type or print in the space provided after each item. Please read the instructions at page 4 carefully before submitting the form. 	Please staple 2 (two) recent passport size colored photographs here
01. FULL NAME (First/Middle/Family)	
02. PLACE OF BIRTH (City/State/Country)	
03. DATE OF BIRTH (dd /mm/yyyy)/04. NATIONAL	JTY
05. SEX : DMale DFemale 06. MARITAL STATUS: Married D	Unmarried Divorced Widowe
07. PROFESSION	
08. PASSPORT DETAILS: a) Numberb). Place	of Issue
c) Date of Expiry (dd / mm / yyyy)	
09. SPOUSE'S NAME :NAT	'IONALITY:
10. FATHER'S NAME : NAT	IONALITY:
11. MOTHER'S NAME:NAT	IONALITY:
12. CONTACT DETAILS(in USA):	
Home Address: Business/Wor	k Address:
Tel: Fax: Tel:	Fax:
E-mail: E-mail:	

13. ADDRESS OF THE EMPLOYER (if different from Above) with contact details:

14. PURPOSE OF VISIT (Tick appropriate box):
□Tourism (incl. tablig/visiting relatives, etc.) □Business/Investment □Seminar/Conference Defense
related Cultural/Scientific Programme Missionary NGO Works Official
Expert(s)/Worker(s)/Teacher(s)/Representative(s) in industrial/Education/Training Org./Sports/Artistic
activities etc. Govt. contractual employment Study / Research Employment in UN/International Org.
Journalist / Media (Print & Electronic) Others (Specify)
15. TYPE OF ENTRY: Single Multiple Double Transit
16. NAME AND ADDRESS OF PERSON (S), INSTITUTION OR COMPANY (where you can be contacted in Bangladesh)
17. ADDRESS WHILE IN BANGLADESH with contact details:
18. DATE OF ARRIVAL IN BANGLADSESH19. INTENDED DURATION OF STAY
20. HAVE YOU EVER BEEN TO BANGLADESH
If yes, date and length of last visit
21. NAME OF PERSON (S) TRAVELLING WITH YOU AND RELATIONSHIPS:
22. ADDRESS OF PERSONS IF DIFFERENT FROM YOUR ADDRESS:
23. DECLARATION:
I declare that the all information above is true, accurate and complete to the best of my knowledge.
NAME DATE /
Please ensure that you have answered items 1 through 23 and signed the declaration. An incomplete form will not be accepted.

FOR OFICIAL USE ONL	Y (Do not write in this space)
Date//	
Visa No	Classification
Type: Single / Double/ Multiple / Tr	ransit
Date of Issue	Validity
Authorized Duration	
Refused on	Reviewed by
Comments:	
	(Name and Designation of the Issuing Authority with seal)