

# ETA Application for Tourist Purpose – Individual

## Applicant Information – Individual Application – Tourist ETA

Surname / Family Name\*

Other / Given Names\*

Title\* Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Rev. ☐ Dr. ☐ Master ☐

Date of Birth\* Year  Month  Day

Gender\* Male ☐ Female ☐

Nationality\*

Country of Birth\*

Occupation

Passport Number\*

Passport Issued Date\* Year  Month  Day

Passport Expiry Date\* Year  Month  Day

## Child Information

	Surname/Family Name*	Other/Given Names*	Date of Birth* yyyy/mm/dd	Gender*	Relationship*
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Travel Information

Intended Arrival Date* yyyy/mm/dd	Purpose of Visit*	Port of Departure	Flight Number & Name of Airline / Vessel
	<input type="checkbox"/> Visiting friends and relatives. <input type="checkbox"/> Sightseeing or Holidaying. <input type="checkbox"/> Medical treatment. <input type="checkbox"/> Participation sports, cultural performance.		

## Contact Details

Address in the Country & Domicile					Address in Sri Lanka*
Number & Street*	City*	State*	Zip/Postal Code	Country	

E- mail Address	Telephone Number*	Mobile Number	Fax Number

## Declarations

Do you have valid resident VISA?\*

Yes ☐ No ☐

Are you currently in Sri Lanka and possess an ETA\*

Yes ☐ No ☐

Do you have valid multiple entry VISA?\*

Yes ☐ No ☐

**\* Mandatory Fields**

I solemnly declare that the information furnished by me in this application is true and I have not willfully suppressed any information that is required, that in the event of issue of visa I shall comply with the terms and conditions subject to which the visa is granted, and that I shall not engage myself in any employment, paid or unpaid, or in any business or trade other than the purpose of visit is granted, and that I shall notify the Controller of Immigration and Emigration of any change in my addresses during my stay in Sri Lanka.

Date: .....

.....

Signature of applicant