

Embassy of Sri Lanka, Stockholm
Application Form for Tourist Visa
Checklist

Name of Applicant:

Contact No: Email Address:

Residential Address:

Following supporting documents should be submitted:

Please “√” the checklist and attach it to the application before submitting the documents at the counter/via post.

S.No	Tourist Visa	Applicant checklist	Officer checklist
1.	Completed tourist visa application form		
2.	Current passport (valid for at least 6 months from the date of arrival)		
3.	One recent passport-sized (3.5cm x 4.5cm) photograph		
4.	Flight reservation of a return ticket		
5.	International vaccination certificate	Yes: No:	

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:

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Signature of applicant