

Consulate General of the People's Republic of Bangladesh
4201 Wilshire Blvd. Suite # 605
Los Angeles, CA 90010

FOR OFFICIAL USE ONLY

RECEIPT SL. NO. _____ DATE: _____

DELIVERY DATE _____ FEES _____

TYPE OF SERVICE RENDERED: REGULAR / URGENT

Phone: (323) 932-0100 <http://www.BangladeshConsulateLA.com> Fax: (323) 932-9703

VISA APPLICATION FORM

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM					
01. FULL NAME (First / Middle / Family Name)					Staple 3 x photographs (37 mm x 37 mm)
02. PLACE OF BIRTH (City / State / Country)			03. DATE OF BIRTH (dd / mm/ yyyy) ____ / ____ / ____		
04. NATIONALITY		05. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	06. MARITAL STAUUS <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
07. PROFESSION:			08 TYPE OF VISA: Single <input type="checkbox"/> Multiple <input type="checkbox"/> Transit <input type="checkbox"/>		
09 PASSPORT NUMBER		10. PLACE OF ISSUE	11. DATE OF EXPIRE (dd/mm/yyyy) ____ / ____ / ____		
12. SPOUSE'S NAME:			13. NATIONALITY:		
14. FATHER'S NAME:			15. NATIONALITY:		
16. MOTHER'S NAME:			17. NATIONALITY:		
18. HOME ADDRESS:					
19. TELEPHONE:		20: FAX:		21: E-mail:	
22. BUSINESS / WORK ADDRESS:					
23. TELEPHONE:		24: FAX:		25: E-mail:	
26. NAME OF EMPLOYER:					
27. TELEPHONE:		28: FAX:		29: E-mail:	
30. PURPOSE OF VISIT (Check appropriate box)					
<input type="checkbox"/> Tourism (Incl. traveling / visiting relatives, etc)		<input type="checkbox"/> Business / Investment		<input type="checkbox"/> Seminar / Conference / Govt. Delegation	
<input type="checkbox"/> Cultural / Scientific Program		<input type="checkbox"/> Missionary		<input type="checkbox"/> NGO Works <input type="checkbox"/> Official	
<input type="checkbox"/> Expert(s) / Worker(s) / teacher(s) / Representative(s) in Industrial / Educational /Trading Org. / Sports / Artistic activities etc					
<input type="checkbox"/> Govt. contractual employment		<input type="checkbox"/> Study / Research		<input type="checkbox"/> Employment in UN / International Organizations	
<input type="checkbox"/> Journalist / Media (Print & Electronic)		<input type="checkbox"/> Others (Specify): _____			
31. NAME AND ADDRESS OF PERSON(S), INSTITUTION OR COMPANY WHERE YOU CAN BE CONTACTED					
32. ADDRESS WHILE IN BANGLADESH				33. TELEPHONE	
34. PLACE AND PROBABLE DATE OF ARRIVAL				35. INTENDED DURATION OF STAY	
36. HAVE YOU EVER BEEN TO BANGALDESH <input type="checkbox"/> YES <input type="checkbox"/> NO			37. IF YES, DATE AND LENGTH OF LAST VISIT		
38. NAME AND RELATIONSHIP OF PERSON (S) TRAVELLING WITH YOU					
39. DECLARATION I declare that the above information is true and accurate					
NAME _____		DATE ____ / ____ / ____		SIGNATURE _____	
		dd mm yyyy			

Any misrepresentation of facts may lead to cancellation of visa at any time. \$ 100 fees (Money Order/Bank Draft) for US Citizens.

Please ensure that you have answered items 1 through 38 and signed the declaration. Incomplete forms will be returned

Do not write below this line

FOR OFFICIAL USE ONLY (Do not write in this space)

Date: ____ / ____ / ____

Visa No. _____ Classification _____

Type: Single / Multiple / Transit

Date of issue _____ Validity _____

Authorized Duration _____

Refused on _____ Reviewed by _____

Comments:

(Name and Designation of the Authority with seal)