

Fax Form

FOR SRI LANKANS / SRI LANKAN ORIGIN FOREIGN NATIONALS

Ref No. _____

Date: _____

From: INDEMBASSY, OSLO (Fax No. +4724 11 59 29/+4724 11 59 12)

To: INDEMBASSY/HICOMIND/CONGENDIA _____

(Please fill all details in clear CAPITAL LETTERS)

Full Name	
Surname	
Father's Full Name	
Spouse's Name	
Place of Birth	
Date of Birth (in numbers and words)	
Sex	
Present Nationality	
Passport No.	
Place of Issue:	Date of Issue:
Date of expiry :	
Sri Lankan Passport No.	
Place of Issue:	Date of Issue:
Previous Sri Lankan Passport No.	
Place of Issue:	Date of Issue:
Address in Sri Lanka	
Details of past citizenship/passport	
Since when you are residing in Norway?	
Address in Norway	
Present occupation	
Date of last visit to India	
Purpose of visit to India.	
Duration of visit	

Date:

Signature _____