

Bangladesh Visa Application Form

Embassy of Bangladesh, Wiertnicza 107, Wilanow, 02-952 Warsaw, Telephone: (+48)22 55 00610

Fax: (+48)22 55 00 611, E-mail: mission.warsaw@mofa.gov.bd

Please staple 2 (two) recent passport size (53mmX43mm) photographs here

Please staple 01(one) stamp size (29mmX24mm) photograph here

01. FULL NAME: / /
First Middle Surname/Family

02. PLACE OF BIRTH: / /
City State Country

03. DATE OF BIRTH: / / 04. NATIONALITY:
Date month year

05 SEX : Male Female 06. PROFESSION:

07. MARITAL STATUS: Married Unmarried Divorced Widowed

08. PASSPORT DETAILS:
a) No: b) Issued at: c) Expired on: / /
date month year

09. SPOUSE'S NAME : NATIONALITY:

10. FATHER'S NAME : NATIONALITY:

11. MOTHER'S NAME : NATIONALITY:

12. CONTACT DETAILS (in Poland):

13. Home Address:

Telephone: _____ Fax: _____
E-mail: _____

14. Business/Work Address:

Telephone: _____ Fax: _____
E-mail: _____

15. ADDRESS OF THE EMPLOYER (if different from above with contact details):
.....
.....

16. PURPOSE OF VISIT (Tick appropriate box):
 Tourism (including tabling/visiting relatives, etc.) Govt. contractual employment Seminar/Conference.....
 Employment in UN/International Organizations Cultural/Scientific Program Defense Related

- Journalist / Media (Print & Electronic) Business/Investment Study / Research
 Missionary NGO Works Official
 Expert(s) /Worker(s) / Teacher(s)/ Representative(s) in industrial/ Education/ Training Organizations/ Sports/ Artistic Activities
 etc. Others (Specify)

17. TYPE OF ENTRY: Single Multiple Double Transit

18. NAME AND ADDRESS OF PERSON (S), INSTITUTION OR COMPANY (*where you can be contacted in Bangladesh*)

19. ADDRESS WHILE IN BANGLADESH (*with contact details*):

20. DATE OF ARRIVAL IN BANGLADESH..... 21. INTENDED DURATION OF STAY.....

22. HAVE YOU EVER BEEN TO BANGLADESH Yes No

If yes, date and length of last visit

23. NAME OF PERSON (S) TRAVELLING WITH YOU AND RELATIONSHIPS:

24. ADDRESS OF PERSONS IF DIFFERENT FROM YOUR ADDRESS:.....

25. ARE YOU ENGAGED IN JOURNALISM/MEDIA?

26. ARE YOU ENGAGED IN/ HAVE YOU EVER SERVED IN THE DEFENSE?

27. DECLARATION:

I declare that all information above is true, accurate and complete to the best of my knowledge.

NAME..... DATE/...../..... SIGNATURE

date month year

Please ensure that you have answered items 1 through 26 and signed the declaration. An incomplete form will not be accepted.

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

Date ___/___/___

Visa No

:

Classification _____

Type : Single / Double/ Multiple / Transit

Date of Issue : _____ Validity _____

Authorized Duration : _____

Refused on : _____ Reviewed by _____

Comments : _____

(Name and Designation of the Issuing Authority with seal)