eVisa Form SRI LANKA Version: Mai 2024



PASSENGER INFORMATION	
LAST NAME	
FIRST NAME	
DATE OF BIRTH	
NATIONALITY	
PREVIOUS NATIONALITY IF APPLICABLE	
CITY AND COUNTRY OF E	BIRTH
PROFESSION	
MARITAL STATUS	
COVID 19 VACCINATION S	STATUS
DO YOU HAVE A SECOND PASSPORT? IF YES, INDICATE:	
PASSPORT NUMBER	
PLACE OF ISSUE	
DATE OF ISSUE	
EXPIRATION DATE	
PASSPORT NATIONALITY	
HOME ADDRESS	
PERSONAL PHONE NUME	3ER
E-MAIL	
INFORMATION ABOL	UT YOUR STAY
CITY OF ARRIVAL IN SRI LANKA  ARRIVAL AIRPORT IN SRI LANKA	
AIRLINE COMPAGNY USE	
FLIGHT NUMBER	
ARRIVAL DATE IN SRI LANKA	
CITY OF DEPARTURE FROM SRI LANKA	
DEPARTURE DATE FROM SRI LANKA	
DEFARTORE DATE FROM SKI LANKA	
REFERENCE HOTEL IN SRI LANKA	
NAME	
ADDRESS	
PHONE NUMBER	
REFERENCE IN SRI LANKA (tour operator, local resident, company)	
FULL NAME	
ADDRESS	
PHONE NUMBER	
CONTACT EMAIL ADRESS	3
IF BUSINESS VISA	
COMPANY NAME (VISITED IN SRI LANKA)	
ADDRESS	
PHONE NUMBER	

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