ETA Application for Business Purpose – Group

Traver mormation –	Group Application – Dusiness ETA		
Intended Arrival Date* yyyy/mm/dd	Purpose of Visit*	Port of Departure	Flight Number & Name of Airline / Vessel
	Business meeting. Conference, workshop & seminars. Short training. Participation in art, music & dance.		

Travel Information – Group Application – Business ETA

Contact Details of Applicant Company / Organization

	Address of applicant's Company					
Company/Organization Name*	Number & Street*	City*	State*	_	Postal ode	Country
E- mail Address	Telephone Number*		Mobile Number		Fax Number	

Contact Details of Sri Lankan Company / Organization

	Address of applicant's Company				
Company / Organization Name*	Number & Street*	City*	State*	Zip/Postal Code	Country

E- mail Address	Telephone Number*	Mobile Number	Fax Number

Applicant Informatio	n – Group Applicat	ion – Business F			
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 Nar	ne* Other/Given	1 unios	e of Birth* /y/mm/dd	Gender*	Relationship*
1					
2					
3					
4					
5					
6					
Declarations					
Do you have valid residen			Ye	s 🔄 No 📃	
Do you have valid multipl	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:

Signature of applicant

A	pplicant Information	– Group Application – Business ETA						
Sur	name / Family Name*							
Oth	er / Given Names*							
Titl	e*	Mr. Mrs. Miss. Ms. Rev. Dr.] Master					
Dat	e of Birth*	Year Month Day						
Ger	nder*	Male Female						
Nat	ionality*							
Cou	ntry of Birth*							
Occ	cupation							
Pas	sport Number*							
Pas	sport Issued Date*	Year Month Day						
Pas	sport Expiry Date*	Year Month Day						
C	hild Information							
	Surname/Family Nam	e* Other/Given Names* Date of Birth* Gender* F	Relationship*					
1								
2								
3								
4								
5								
6								
D	eclarations							
Do	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	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:

Signature of applicant