



EMBASSY OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Via Antonio Bertoloni 14 – 00197 Rome, Italy
 Tel. 06 8083595 / 06 8078541 – Fax: 06 8084853
 Website: www.bdembassyrome.it
 E-mail: bdvisa.rome@gmail.com

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PLEASE FILL IN THE FORM IN THE SPACES PROVIDED BELOW EACH ITEM. ALL FIELDS REQUIRED

01. FULL NAME (First/Middle/Family Name):		
02. PLACE OF BIRTH (City/ State/Country):		03. DATE OF BIRTH (dd/mm/yyyy):
04. NATIONALITY:	05. SEX: <input type="checkbox"/> M <input type="checkbox"/> F	06. MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
07. PROFESSION:	08. TYPE OF VISA: <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE (not for tourism)	
09. PASSPORT NUMBER:	10. PLACE OF ISSUE:	11. EXPIRY DATE:
12. SPOUSE'S NAME:		NATIONALITY:
13. FATHER'S NAME:		NATIONALITY:
14. MOTHER'S NAME:		NATIONALITY:
15. HOME ADDRESS:		
16. TEL.	17. FAX	18. E-MAIL
19. BUSINESS / WORK ADDRESS:		
20. TEL.	21. FAX	22. E-MAIL
23. NAME OF EMPLOYER:		
24. PURPOSE OF VISIT (Tick appropriate box): <input type="checkbox"/> Tourism / Tablig (please provide details of your trip and places you will visit): <input type="checkbox"/> Business / Investment <input type="checkbox"/> Scientific/Cultural <input type="checkbox"/> Seminar / Conference <input type="checkbox"/> Missionary <input type="checkbox"/> Journalist / Media <input type="checkbox"/> Experts / Educational / Trading org. / Sport / Artistic activities etc. <input type="checkbox"/> Govt. Contractual employment <input type="checkbox"/> NGO works <input type="checkbox"/> International org. <input type="checkbox"/> Study /Research <input type="checkbox"/> Other (specify):		
25. NAME AND ADDRESS OF PERSON, INSTITUTION OR COMPANY WHERE YOU CAN BE CONTACTED:		
26. ADDRESS WHILE IN BANGLADESH:		27. TEL.:
28. PLACE AND PROBABLE DATE OF ARRIVAL:		29. INTENDED DURATION OF STAY:
30. HAVE YOU EVER BEEN TO BANGLADESH? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. IF YES, DATE AND LENGTH OF LAST VISIT:	
32. NAME AND RELATIONSHIP OF PERSONS TRAVELLING WITH YOU:		
33. DECLARATION I declare that the above information is true and accurate NAME _____ DATE ____/____/____ Signature _____		

**Please ensure that you have answered items 1 through 33 and signed the declaration.
 INCOMPLETE FORMS WILL NOT BE ACCEPTED**