



Visa Application Form

01- Full Name (as Per Passport):				
First: _____ Middle: _____ Last: _____				
02- Place of Birth:	03- Date of Birth Day/Month/Year	04- Mobile #:		
05- Present Nationality:	06- Nationality of Origin:	07- Email Address: -----		
08- Passport Number:	09- Issuing Country:	10- Expiration Date: Day/Month/Year		
11. Address in United Arab Emirate		12. Sex: <input checked="" type="radio"/> F <input type="radio"/> M	13. Home Phone:	
14. Have you ever been refused a visa or permit, denied entry to, or ordered to leave Lebanon? If yes, specify:		15. Title (Job position, Student): Domestic worker		
		16. Date of expiration of your residency in UAE		
		17. Marital Status: <input type="radio"/> Single <input checked="" type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Widowed		
18. Have you ever been in Lebanon before? If yes, specify dates and purpose of earlier trips:		19. Duration of your Immediate Trip: 12/12/2025 30/01/2026		
20. Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country?		21. Purpose of Trip (please check correct item): <input type="radio"/> Business <input type="radio"/> Education <input checked="" type="radio"/> Tourism <input type="radio"/> Family Visit <input type="radio"/> Official <input type="radio"/> Other (specify): _____		
22. Name, Address, and Telephone Number of Contact Person, Institution, or Company in Lebanon:				
23. Address of your stay in Lebanon (e.g., Hotel, Friend, Other):				
24. Expected Date of Arrival: Day/Month/Year		25. Expected Date of Departure as per your Ticket: Day/Month/Year		
25. Type and duration of Visa requested:				
Single Entry (325AED)		<input type="radio"/> 15 days	<input type="radio"/> One Month	
		<input type="radio"/> Three Months	<input type="radio"/> Six Months	
Two Entry (465) AED				
Multiple Entry (645 AED)				
I declare that all particulars made in this application are true and am aware that any false statement may lead to my application being declined.				
Applicant's Signature: _____				
اسم الموظف	الرسم المدفوع	رقم التسلسل	تاريخ الاستلام	اسم الموظف المسند
نامن المتقى	رقم الورقة	رقم الفرد	رقم السجل	رقم المعاملة