DUBAI SERVICE VISA APPLICATION FORM

(12 days stay only)

	App Ref :							
Applications are	accepted	at the counter only u	pon submi	itting the C	riginal pass	sport		
FULL NAME								
	FIRST NAME			MIDDLE NAME			SURNAME	
DATE OF BIRTH								
		DATE		MONTH			YEAR	
PLACE OF BIRTH								
	CITY			STATE			COUNTRY	
PRESENT PERMA	NENT AD	DRESS			•••••	•••••		
PHONE								
	НОМЕ		WORK	WORK		MOBILE		
PROFFESSION								

EMPLOYERS NAI	ME & ADD	DRESS						
								•
PASSPORT NO:			VALID UN	NTIL:				
PERIOD OF INTE		AY IN THE U.A.E.						
(only 12 days stay gran	itea j							
HAVE YOU EVER								
if yes, give the place yo	ou stayed and	the purpose of visit						
HAVE YOU BEEN	N EMPLOY	ED IN THE U.A.E. BEF	FORE?					
if yes, please state whe also the company nam		oyment visa was cancelled						
PURPOSE OF TH	IS VISIT TO	THE U.A.E.						
								••••

ARE YOU TRAVELLING ALONE?							
if not, state the name you been accompanied with							
EXPECTED DATE OF ARRIVAL IN THE U.A.E.	DATE	MONTH	YEAR				
WHERE WOULD YOU STAY IN THE U.A.E. If hotel, mention the name of hotel or if a residence the address	<u></u>						
NAME & ADDRESS OF 02 REFERENCES	1						
IN THE U.A.E							
	Tel:						
	2	2					
	Tel:						
NAME & ADDRESS OF 02 REFERENCES	1						
IN SRI LANKA							
	Tel:						
	2						
	Tel:						
l, hereby undertake that, would be for the purpose of the VISA applied for and refra or over staying for any purpose.	l shall utilize my visit to i						
	SIGNATURE OF THE APPLICANT						
PLACE ;							
DATE ;							
	RECEIVING OFFICER N	AME & STAFF ID					
Doc Date : 01/01/2009 Ref : 001/FT/DXB							