

EMBASSY OF THE PEOPLE'S REPUBLIC OF BANGLADESH

3510, International Dr., NW

Washington, DC 20008

Tel: (202) 244-0183; Fax: (202) 244-7830/2771

Visa Application for travel to Bangladesh: Form E

- Please type or print in the space provided after each item.

Please staple 3 (three)
recent passport size
photographs here

01. FULL NAME (First/Middle/Family) _____
02. PLACE OF BIRTH (City/State/Country) _____
03. DATE OF BIRTH (dd / mm / yyyy) ____/____/____ 04. NATIONALITY _____
05. SEX: Male Female 06. MARITAL STATUS: Married Unmarried Divorced Widowed
07. PROFESSION _____
08. PASSPORT DETAILS: a) Number _____ b). Place of Issue _____
- c) Date of Expiry (dd / mm / yyyy) _____
09. SPOUSE'S NAME : _____ NATIONALITY: _____
10. FATHER'S NAME : _____ NATIONALITY: _____
11. MOTHER'S NAME: _____ NATIONALITY: _____
12. CONTACT DETAILS:

Home Address: _____

Tel: _____ Fax: _____

E-mail: _____

Business/Work Address: _____

Tel: _____ Fax: _____

E-mail: _____

13. ADDRESS OF THE EMPLOYER (if different from Above) with contact details:

14. PURPOSE OF VISIT (Tick appropriate box):

- Tourism (incl. tablig/visiting relatives, etc.) Business/Investment Seminar/Conference Defense related
- Cultural/Scientific Programme Missionary NGO Works Official
- Expert(s)/Worker(s)/Teacher(s)/Representative(s) in industrial/Education/Training Org./Sports/Artistic activities etc.
- Govt. contractual employment Study / Research Employment in UN/International Organizations
- Journalist / Media (Print & Electronic) Others (Specify) _____

15. TYPE OF ENTRY: Single Multiple Double Transit

16. NAME AND ADDRESS OF PERSON (S), INSTITUTION OR COMPANY (where you can be contacted in Bangladesh)

17. ADDRESS WHILE IN BANGLADESH with contact details:

18. DATE OF ARRIVAL IN BANGLADESH _____ 19. INTENDED DURATION OF STAY _____

20. HAVE YOU EVER BEEN TO BANGLADESH Yes No

If yes, date and length of last visit _____

21. NAME OF PERSON (S) TRAVELLING WITH YOU AND RELATIONSHIPS: _____

22. ADDRESS OF PERSONS IF DIFFERENT FROM YOUR ADDRESS: _____

23. DECLARATION:

I declare that the all information above is true, accurate and complete to the best of my knowledge.

NAME _____ DATE ____/____/____ SIGNATURE _____
(dd / mm / yyyy)

Please ensure that you have answered items 1 through 23 and signed the declaration. An incomplete form will not be accepted.

FOR OFICIAL USE ONLY (Do not write in this space)

Date ____/____/____

Visa No. _____ Classification _____

Type: Single / Double/ Multiple / Transit

Date of Issue _____ Validity _____

Authorized Duration _____

Refused on _____ Reviewed by _____

Comments:

(Name and Designation of the Issuing Authority with seal)

PASSPORTS PLUS, INC

5177 Richmond Ave, Suite 675, Houston, TX 77056

Toll Free: (888) 821-8472 Tel: (713) 821-0144 Fax: (713) 821-0145 Web site: www.passportsplus.com

VISA PROCESSING ORDER FORM

I. DEPARTURE DATE: _____ II. NEED BY DATE: _____

III. FULL NAME OF APPLICANT(S):

FIRST NAME MIDDLE LAST NAME PASSPORT NO.

IV. VISA(S) REQUESTED:

Country 1: _____ Country 2: _____ Country 3: _____

Visa Type: Tourist Business Work Student Transit

Number of Entries: Single Double Multiple

V. FEES (All fees are non-refundable):

Consulate Fee: \$ _____

Service Fee: \$ _____

Return FedEx: \$ _____ TOTAL FEE: \$ _____

\$20.00: FedEx (up to three passports)

\$25.00: FedEx (four to six passports or overweight package)

\$32.00: FedEx to Alaska, Hawaii and Puerto Rico or Saturday Delivery

VI. SHIPPING ADDRESS AND PHONE NUMBER:

Please provide the **exact** address where you want your completed passport to be Federal Expressed to. Incorrect address will impose a reroute fee of \$20.00. **Federal Express will not deliver to a PO Box.**

Company Name (if applicable): _____

Shipping Address: Street _____

City _____ State _____ Zip _____

Attn: _____ Signature Required? YES NO

Contact Phone No: (_____) _____

VII. PAYMENT INFORMATION (No personal check for same or next day processing):

We accept Visa, MasterCard, American Express and Discover. We also accept money orders, company and personal checks payable in U.S. dollars only and made out to "**Passports Plus, Inc**".

Card Type*: Visa MasterCard American Express Discover

Credit Card #: _____ Expiration Date: _____

Cardholder (as it appears on card): _____ Security Code: _____

* Credit card payment is subject to a 3% or \$3 charge, whichever is greater.

I have read and agreed to the terms and conditions listed on www.passportsplus.com/disclaimer.html. I understand that requirements and fees are subject to change without prior notice, and all fees are non-refundable. I authorize Passports Plus, Inc to charge the amount due to my credit card:

Signature(s)

Date