| NAME OF APPLICANT | 1 |
|--------------------|---|
| NAME OF APPLICAN T | · |

Those applying for a business visa should fill this form and submit with the Visa Application Form.

| 1. | Name of employer and address : | | | | | |
|------|--|--|--|--|--|--|
| | | | | | | |
| 2. | Position and period of service/employment : | | | | | |
| 3. | Monthly income: (Please attach salary receipts for the past 3 months) | | | | | |
| 4. | Do you contribute to ETF and EPF: Yes / No | | | | | |
| 5. | If yes, registration and employee numbers: | | | | | |
| 6. | If not, please give reasons: | | | | | |
| 7. | Name and address of the Norwegian / Danish / Icelandic company : | | | | | |
| 8. | Period of business dealings with the above mentioned company: | | | | | |
| 9. | Nature of business: | | | | | |
| 10. | Please explain in detail the purpose of this visit: | | | | | |
| 11. | Is your company registered with the Ceylon Chamber of Commerce / National Chamber of Commerce etc.: YES / NO | | | | | |
| 12 | If yes, please give details: | | | | | |
| | | | | | | |
| Date | : | | | | | |

| NAME OF APPLICANT: | • |
|--------------------|---|
| NAME OF ALLEGAM: | ' |

Those applying for Residence Permit / Work Permit / Visit visa should fill this form and submit with the relevant Visa Application Form. (Delete whichever is not applicable to you)

| 1. | Your relationship to sponsor: Your father/mother/son/daughter/brother/sister/intended husband/intended wife (delete whichever is not applicable to you) | | | | |
|------|---|--|--|--|--|
| | Any other relationship (please state) | | | | |
| 2. | When and how did sponsor travel to Norway / Denmark / Iceland ? | | | | |
| 3. | What does the sponsor do in Norway / Denmark / Iceland ? | | | | |
| 4. | Is the sponsor married? Yes/No (delete whichever is not applicable) | | | | |
| 5. | If yes, what is the name of the spouse ? | | | | |
| 5. | How many children does the sponsor have? Please state their names and ages 1) | | | | |
| 7. | Who will pay for your air ticket/s? | | | | |
| 3. | What is your monthly income ? | | | | |
| 9. | Source of income - details of employment / assets etc. (please attach documentary proof) | | | | |
| 10. | How many dependants do you have ? | | | | |
| 11. | Any further information you wish to furnish: | | | | |
| Γhe | information furnished above is true to the best of my knowledge. | | | | |
| Date | s:Signature of applicant | | | | |