DEPARTMENT OF IMMIGRATION AND EMIGRATION- VISAS DIVISION APPLICATION FOR RESIDENCE VISAS BY SPOUSES OF SRI LANKANS

(Additional particulars to be furnished by spouses of Sri Lankans)

| 01. (a) Names as appearing in Passport | :- | |
|---|--------------------|------------------------------------|
| (b) Passport No. | :- | |
| (c) Address in Sri Lanka | :- | |
| (d) Contact No. | :- | |
| 02. Date of Birth | :- | |
| 03. Nationality | :- | |
| 04. Country of domicile | :- | |
| 05. Educational Qualifications | :- | |
| 06. Previous Employment | :- | |
| 07. Sources of Income (Attach documentary | evidence) | |
| (a) Employment | :- | |
| (b) Pension | :- | |
| (c) Any other source | :- | |
| TOTAL | | iliawa ya ka pu araki Ai |
| 08. Amount remitted to Sri Lanka | :- | eluten seng sert il |
| (Attach documentary evidence) | | |
| 09. (a) Date and Place of Marriage | :- months | |
| (b) Certificate No. | :- | |
| (Attach documentary evidence) | | |
| If the marriage is not registered in your c Embassy/ High commission/ Home Office co | ountry of domicile | , Please furnish a letter from the |
| (c) Your Civil Status | :- | |
| 10. If previously married, give details (Attac | ch Divorce papers/ | Death Certificate) |
| (a) Name of Ex- spouse | :- | |
| (b) Date of marriage | ;- · | |
| (c) Date of Divorced | :- | |
| If you are Widow, give details | | |
| (d) Date of death | | |

| 11. If you have children by a previous | ous marriage in your o | custody, give particulars. |
|---|------------------------|---|
| Name of Children | Date of Birth | Place of Birth |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 12. Have you been convicted for an country of domicile :- Yes/ No | y offence or been wa | nted for any existing law suit of your |
| If yes, give details | | |
| | | |
| 13. Has previous application for a v | isa been refused: - \ | Yes/ No |
| If yes, give details | | |
| | | |
| 14. Have you got any Investment or | financial interests in | Sri Lanka: - Yes/ No |
| If Yes, give details | | |
| (a) Name of the Investment(b) Name of the organization(c) Address of the organization | :- :- :- | (sonahiya yankamiiya danist) wagayak to boxiy bar sin 5 (a) 20 |
| 15. Any other claims:- | | |
| /cy- | | |
| | ngage in any business | the best of my knowledge. I understand that I in Sri Lanka unless the Controller General of |
| | | |
| Date | | Signature of Applicant |
| | | |