

**EMBASSY OF LEBANON**

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 11458 Stockholm  
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**VISA APPLICATION FORM**

**Attach Applicant's Photo Here**  
 - white background  
 - front view, full face  
 - must be recent picture

<b>01 - Full Name (as per passport)</b> First Middle Last			<b>Official Use Only</b>  Decision:  Type of Visa:  Remarks:
<b>02 - Place of Birth</b> (city state country)	<b>03 - Date of Birth</b> Day Month Year	<b>04 - Sex</b> Male Female <input type="checkbox"/> <input type="checkbox"/>	
<b>05 - Present Nationality</b>	<b>06 - Nationality of Origin</b>	<b>07 - Email Address:</b>	
<b>08 - Passport Number</b>	<b>09 - Issuing Country</b>	<b>10 - Expiration Date</b> Day Month Year	
<b>11 - Address in Sweden/Danemar/Finland/Norway/Iceland</b>		<b>12 - Home Phone or Cell #</b> ( )	
<b>13 - Purpose of Trip (please check correct item).</b> <input type="radio"/> Business <input type="radio"/> Education <input type="radio"/> Tourism <input type="radio"/> Family Visit <input type="radio"/> Official <input type="radio"/> Other (please specify): _____			
<b>14 - Employer (for students, name school university)</b>		<b>15 - Job Position or Title (for students, name major)</b>	
<b>16 - Business Address</b>		<b>17 - Business Phone Number ( )</b>	
<b>18 - Marital Status</b> <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated		<b>19 - If married, Provide Spouse Name</b>	
<b>20 - Have you ever been in Lebanon</b> <input type="radio"/> Yes <input type="radio"/> No		<b>21 - If yes, provide the year of your most recent trip to Lebanon</b>	
<b>22 - Name and Address of Contact Person, Institution or Company in Lebanon</b>			
<b>23 - Address in Lebanon where you will be staying (e.g., hotel, friend, other)</b>		<b>24 - Telephone Number in Lebanon</b>	
<b>25 - Expected Date of Arrival</b> Day Month Year	<b>26 - Duration of Immediate Trip</b>	<b>27 - Port of Entry</b>	
<b>28 - Type and duration of Visa requested:</b> <input type="checkbox"/> Single Entry <input type="radio"/> 15 days <input type="radio"/> One Month <input type="radio"/> Three Months    SEK 420 /Person <input type="checkbox"/> Two Entries <input type="radio"/> Three Months <input type="radio"/> Six Months    SEK 600 /Person <input type="checkbox"/> Multiple Entries <input type="radio"/> Three Months <input type="radio"/> Six Months    SEK 840 /Person			
<b>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.</b>			
Applicant's Signature:		Date: Day Month Year	