

NO. SEY/410/1/2007  
HIGH COMMISSION OF INDIA  
VICTORIA (SEYCHELLES)  
Fax No. 00-248-4610308

**VISA APPLICATION SUPPLEMENTARY FORM**

(TO BE FILLED IN BY THE PERSONS OTHER THAN SEYCHELLOIS NATIONALS)  
(TO BE FILLED IN BLOCK LETTERS)

1. NAME :
2. FATHER'S NAME :
3. NATIONALITY :
4. DATE & PLACE OF BIRTH :
5. PASSPORT NO. :
6. DATE & PLACE OF ISSUE :
7. PERMANENT ADDRESS :
8. PROFESSION :
9. TYPE/PERIOD OF VISA REQUIRED :

DATE:

SIGNATURE OF THE APPLICANT

---

**FOR OFFICE USE ONLY**

Forwarded to \_\_\_\_\_ with  
request to confirm the personal particulars and intimate objections if any, to  
grant of visa to the applicant. If no reply is received within 72 hours, it will be  
presumed that you have no objection and visa will be issued.