

## HIGH COMMISSION OF INDIA

Victoria-Mahé Republic of Seychelles

## SUPPLEMENTARY VISA APPLICATION FORM

(to be filled in by persons other than Seychelles nationals)

## TO BE FILLED IN COMPLETELY AND ACCURATELY IN BLOCK CAPITAL LETTERS AS PER THE PASSPORT HELD BY THE APPLICANT).

1. NAME :	
2. NAME OF FATHER	
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	):
	(SIGNATURE OF THE APPLICANT WITH DATE)
(FOR OFF	FICE USE ONLY)
Forwarded towith request to confirm the personal part	iculars and intimate objections if any, to grant of
vice to the emplicant. If no reply is received with 70 hours, it will be presumed that you	

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