

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.