



Embassy of Lebanon - Abu Dhabi

Visa Application

Personal Information		
Full Name:		Mother's Name
Original Nationality		Current Nationality:
Place of Birth:		Date of Birth:
Profession (Present Occupation):		Company (Name & Address):
Gender:		Marital Status:
Address in U.A.E:		
Phone No.:	Mobile No.:	P.O. Box:

Passport Details	
Passport No.:	Place of Issuance:
Issuance Date:	Expiration Date:
Passport Type: (please tick)	Regular <input type="checkbox"/> Service <input type="checkbox"/> Diplomatic <input type="checkbox"/> Travel Document <input type="checkbox"/>
Companions on the Passport (If any):	
1. Name: /Date of Birth:	3. Name: /Date of Birth:
2. Name: /Date of Birth:	4. Name: /Date of Birth:

U.A.E Residence Visa Details	
Residence Visa No.:	Place of Issue (Emirate):
Issuance Date:	Expiration Date:
Sponsor in U.A.E:	
Address:	PhoneNo.: P.O. Box:

Requested Visa Details		
Purpose of Visit: (Please tick)	Tourism <input type="checkbox"/> Business <input type="checkbox"/> Other (Specify)	
Duartion of Stay: (Please tick)	1 month <input type="checkbox"/> 3 Month <input type="checkbox"/> 6 Month <input type="checkbox"/>	
Number of Entries: (Please tick)	Single <input type="checkbox"/> Double <input type="checkbox"/> Multiple <input type="checkbox"/>	
Reference Address in Lebanon:	Expected Date of Arrival to Lebanon:	

I, the undersigned, hereby certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief, and I understand that I will be held responsible for any false or misleading information I have provided above.

Full Name: Date: Signature:

For Embassy Use Only			
Decision:	Visa No.:	Visa Duration:	No. of Entries: