

EMBASSY OF INDIA  
Buitenrustweg 2  
2517 KD THE HAGUE  
Tel. +31 70 346 97 71/+31 427 38 12  
Fax consular section: +31 70 356 25 23  
Fax +31 70 361 70 72

**VISA APPLICATION SUPPLEMENTARY FORM**

(TO BE COMPLETED BY PERSONS WITHOUT A DUTCH PASSPORT, AND DUTCH PASSPORTHOLDERS OF PAKISTANI, BANGLADESH, CHINESE AND SRI LANKA ORIGIN)

Name \_\_\_\_\_  
Name of Father \_\_\_\_\_  
Nationality \_\_\_\_\_  
Date & Place of birth \_\_\_\_\_  
Passport No. \_\_\_\_\_  
Date & place of issue \_\_\_\_\_  
Permanent address \_\_\_\_\_  
Profession \_\_\_\_\_  
Duration of stay \_\_\_\_\_  
Type of visa \_\_\_\_\_

\_\_\_\_\_  
Signature of the applicant  
Date:

\_\_\_\_\_  
FOR OFFICAL USE ONLY  
Forwarded to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
With the request to confirm the personal particulars and intimate objections, if any, to grant of visa to the applicant. Cost recovered

\_\_\_\_\_  
First Secretary (Consular)  
Date: