VISA APPLICATION FORM FOR NEPAL

EMBASSY OF NEPAL VISA SECTION 12A, KENSINGTON PALACE GARDENS LONDON W8 4QU

Category of visa:

*Date:*_____

Remark:

TEL: 020 7229 1594 FAX: 020 7792 9861 OPENING: MON – FRI 10AM – 12NOON

1. NAME (MR/MRS/MISS):			
2. NATIONALITY:	03. OCCUPATION:		
4. DATE OF BIRTH:			
5. ADDRESS:		РНОТО	
CONTACT NO:	E-MAIL:		
6. PASSPORT NO:	07. ISSUED AT:		
8. DATE OF ISSUE:	09. DATE OF EXPIR	09. DATE OF EXPIRY:	
0. EXPECTED DATE OF ARRIV	AL IN NEPAL:		
1. DURATION OF STAY IN NEP	PAL:		
2. ADDRESS IN NEPAL (IF KNO	OWN) :		
3. PURPOSE OF VISIT: HOLIDA	Y/ TREKKING/ MOUNTAINEERING/ OTHER	.S	
4. DATE (S) OF PREVIOUS VISI	IT (S) TO NEPAL, IF ANY:		
5. ACCOMPANYING CHILD(RE	EN) OR WIFE INCLUDING IN THE PASSPORT	WHO REQUIRE V	
A) NAME:	DATE OF BIRTH:	SEX:	
	DATE OF BIRTH:		
	ATIC B) OFFICIAL C) TOUR		
7. MULTIPLE ENTRY VISA	A) 15 DAYS B) 30 DAYS	C) 90 DAYS	
	WITHIN THE CURRENT VISA YEAR, PLEASE		
	NEPAL:		
LAST DATE OF ENTRY INTO			
LAST DATE OF ENTRY INTO			
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