British Embassy
Tel Aviv

Consular Section

Migdalor Building
1 Ben Yehuda Street
Tel Aviv 63801

VISIT VISA APPLICATION FOR THE FOLLOWING COUNTRIES

ANGUILLLA/ANTIGUA AND BARBUDA/BELIZE/BRITISH VIRGIN ISLANDS / ST LUCIA/ THE GAMBIA/ SIERRA LEONE

(PLEASE CIRCLE AS APPLICABLE)

1. SURNAME (Family name)_____
2. FIRST NAMES (In full)_____
3. MAIDEN NAME(if applicant is/was married woman)_____
4. BIRTH: DATE_____ TOWN_____COUNTRY_____
5. SEX: MALE FEMALE
6. MARITIAL STATUS: SINGLE/ MARRIED/ DIVORCED/ WIDOW/ER/ SEPERATED
7. NATIONALITY: AT BIRTH_____ PRESENT_____
8. PRESENT ADDRESS:_____ TEL NO._____
   _____
   _____
9. OCCUPATION OR PROFESSION:_____TEL NO._____
10. PASSPORT DETAILS: NO: _____
    NATIONALITY:_____ISSUING AUTHORITY:_____
    DATE OF ISSUE:_____DATE OF EXPIRY:_____
11. WHAT IS THE PURPOSE OF YOUR VISIT?_____
12. PROPOSED DATE OF ARRIVAL:_____
13. DURATION OF VISIT:_____
14. TYPE OF VISA REQUIRED: SINGLE ENTRY / MULTIPLE ENTRY
15. HOTEL / ADDRESS DURING YOUR STAY: _____
    _____
    TELEPHONE NUMBER: _____

I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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SIGNATURE:_____ DATE:_____