



## VISA APPLICATION FORM

| GIVEN NAME: WAMIK FIDA   |                       | FAM   | FAMILY NAME:                     |                    |              |
|--|-----------------------|---|----------------------------------|--------------------|--------------|
| FATHER'S NAME:   |                       |   | MOTHER'S NAME:                   |                    |              |
| FLOA HUSSAIN MIR   |                       |   | SHAHNAZ                          |                    |              |
| DATE OF BIRTH:   | PLACE OF BIRTH:       |   | RENT NATIONALITY:                | OTHER NATIONALITY: |              |
| 21/05/1997   | SRINAGAR, J&K         |   | DIAN                             |                    |              |
| GENDER:  | MARTINE OTATOO!       |   |                                  | RELIGION:          |              |
| MALE   FEMALE   SINGLE   MARRIED   SEPARATED   DIVORCED   WIDOW   ISLAM  |                       |   |                                  |                    |              |
| CONTACT NUMBER:  | PERMANENT ADDR        | RESS: DILRO   | LROSE COLONY, NATIPORA, SRINAGAR |                    |              |
| 7006113022   | 190015, JA            | 190015, JAMMU AND KASHMIR, INDIA<br>CURRENT ADDRESS: DILROSE COLONY, NATIPORA, SRINAGAR |                                  |                    |              |
| EMAIL: CURRENT ADDRESS: DILROSE COLONY, NATIPORA, SRINAGAR   |                       |   |                                  |                    |              |
| WFIDA 17@GMAIL. 60M 190015, JAMMU AND KASHMIR, INDIA  DESIGNATION: COMPANY NAME: ADDRESS OF COMPANY EMPLOYER: 7405 RTE TRANSCANA-  DIENNE SUITE 100, SAINT-LAURENT, CANADA   |                       |   |                                  |                    |              |
| DIENNE GUITE 100 SAINT-LAURENT   |                       |   |                                  |                    |              |
| STATE WATER TOUTE  |                       |   |                                  |                    |              |
| TYPE OF TRAVEL DOCUMENT:   |                       |   |                                  |                    |              |
| ✓ ORDINARY PASSPORT □ DIPLOMATIC PASSPORT □ OFFICIAL PASSSPORT □ SERVICE PASSPORT  |                       |   |                                  |                    |              |
| PASSPORT NO.:  |                       |   | E OF EXPIRY:                     | PLACE OF ISSUE:    |              |
| N3462309   | 30/09/2019            | 5 29  | 109/2025                         | MA F SR            | INAGAR       |
| ADDRESS DURING YOUR STAY IN LEBANON: BUILDING CHAHINE, 5th FLOOR, 5101 HASSAN 5TREET, BASTA FAW QUA, BEIRUT, LEBANON NAME OF REFERENCE IN LEBANON: ADDRESS OF REFERENCE IN LEBANON: BULDING CHAHINE,   |                       |   |                                  |                    |              |
| ZAHRAA GHOUL 5th FLOOR, SIDI HASSAN STREET, BASTA FAWQUA, BGIRUT   |                       |   |                                  |                    |              |
| RELATIONSHIP TO HOST IN LEBANON: FIANCEE CONTACT NUMBER: 4961 7000 2171  |                       |   |                                  |                    |              |
| MAIN PURPOSE(S) OF VISIT:  |                       |   |                                  |                    |              |
| ☐ TOURISM ☐ BUSINESS ☐ MEDICAL ☐ EDUCATION ☐ OFFICIAL ☐ FAMILY/ FRIENDS ☐ TRANSIT  |                       |   |                                  |                    |              |
| EXPLAIN MY FIANCEE LIVES IN LEBANON AND I WANT TO VISIT HER  |                       |   |                                  |                    |              |
| DATE OF ARRIVAL:   | DURATION OF STAY      | ,   | ACCOMPANIED BY:                  |                    |              |
| 16/01/2023 4 MONTHS  |                       |   |                                  |                    |              |
| NUMBER OF ENTRIES: ☐ SINGLE ENTRY ☐ DOUBLE ENTRY ☐ MULTIPLE ENTRY  |                       |   |                                  |                    |              |
| PREVIOUSLY VISITED LEBANON:   NO YES - IF YES, WHEN (DDIMMYYYY) 19 19 19 19 19 19 19 19 19 19 19 19 19   |                       |   |                                  |                    |              |
| ENTERING LEBANON: BY AIR BY LAND BY SEA  |                       |   |                                  |                    |              |
| *My signature engages my responsibility and subjects me to penalties specified by law in the event of giving a wrong declaration.  |                       |   |                                  |                    |              |
| *I hereby agree not to undertake any work in Lebanon of any kind paid or unpaid.   |                       |   |                                  |                    |              |
| DATE: 05 1/2 1 2022 SIGNATURE: Walter |                       |   |                                  |                    |              |
| FOR OFFICIAL USE ONLY  |                       |   |                                  | FEES COLLECTED     |              |
| VISA NO.:  |                       |   |                                  | ☐ 6600 RS          | □ 131250 L.L |
| VISA TYPE: ☐ TOURIST ☐   | BUSINESS   DIPLOMATIC | OFFICIAL  |                                  | □ 9400 RS          | □ 187500 L.L |
| NUMBER OF ENTRIES:   |                       |   |                                  | ☐ 13150 RS         | □ 262500 L.L |
| DURATION OF STAY: ☐ 15 DAYS ☐ 1 MONTH ☐ 3 MONTHS ☐ 6 MONTHS  |                       |   |                                  | RECEIPT:           |              |
|  |                       |   |                                  |                    |              |

IMPORTANT: "IT IS MANDATORY TO PROVIDE ALL THE REQUIRED INFORMATIONS, LEAVING OUT ANY INFO WILL RISK REJECTING THE APPLICATION"