

VISA APPLICATION FORM

GIVEN NAME: AMITA				FAMILY NAME:			
				PATRA			
FATHER'S NAME: GANESH PATRA				MOTHER'S NAME: BISHNUPRIYA PATRA			
DATE OF BIRTH:	PLACE OF BIRTH:			CURRENT NATIONALITY:	OTHER NAT	OTHER NATIONALITY:	
07 MARCH 1983	MUNIGUDA, ODISHA			INDIAN	IN	INDIAN	
GENDER:	MARITAL STATUS:				RELIGION:		
☐ MALE ☑ FEMALE	☐ SINGLE ☑ MARRIED ☐ SEPARATED ☐ DIVORCED [IIH WC	NDU	
CONTACT NUMBER: PERMANENT ADDRESS:			RESS:				
9910807066		4112,ACHIEVERS SOCIETY, KALINDI HILLS, SECT-49, FARIDABAD, PIN CODE-121001,INDIA					
EMAIL: amita.patra@bollore.com		CURRENT ADDRESS: 4112,ACHIEVERS SOCIETY, KALINDI HILLS, SECT-49, FARIDABAD, PIN CODE-121001,INDIA					
DESIGNATION:				SS OF COMPANY/ EMPLOYE		<u></u>	
SR. MANAGER-SALESA DMINISTARTION-MESA	Bo			olloré Logistics India Private Limited 7A, Shaheed Ripon Katyal Marg, Ground Floor, East Block, ector -18, Gurugram – 122015, Haryana – India			
TYPE OF TRAVEL DOCUME	NT:						
☑ ORDINARY PASSPORT ☐ DIPLOMATIC PASSPORT ☐ OFFICIAL PASSSPORT ☐ SERVICE PASSPORT							
PASSPORT NO.: Z3352917	DATE OF ISSUE:			DATE OF EXPIRY:		PLACE OF ISSUE:	
	24/9/2015			23/9/2025 DELHI			
ADDRESS DURING YOUR STAY IN LEBANON: SAIFI Suites, Maroun Naccache Avenue -Saifi-Beirut-Lebanon T +961 1 566 567 F +961 1 566 569							
NAME OF REFERENCE IN LEBANON: ADDRESS OF REFERENCE IN LEBANON:							
EL AMM Tatiana Fast Bolloré Logistics, Pasteur Street - Gemmayze - Lebanon							
ND Manage Foot Belling Lock III				CONTACT NUMBER: Tel: +961 1 562777			
MAIN PURPOSE(S) OF VISIT:							
□ TOURISM ☑ BUSINESS □ MEDICAL □ EDUCATION ☑ OFFICIAL □ FAMILY/ FRIENDS □ TRANSIT							
EXPLAIN For CRM tool Implementation, Training and other Presentation							
DATE OF ARRIVAL: DURATION OF STAY:				ACCOMPANIED BY:			
19th Mar'2023 6 nights				Self			
NUMBER OF ENTRIES: ☐ SINGLE ENTRY ☐ DOUBLE ENTRY ☑ MULTIPLE ENTRY							
PREVIOUSLY VISITED LEBANON: ☑ NO ☐ YES - IF YES, WHEN (DD/MM/YYYY)							
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: SIGNATURE: am fal all							
FOR OFFICIAL USE ONLY					FEES COLLEC	TED	
VISA NO.:/					□ 6600 RS	□ 131250 L.L	
VISA TYPE: ☐ TOURIST ☐ BUSINESS ☐ DIPLOMATIC ☐ OFFICIAL					□ 9400 RS	□ 187500 L.L	
NUMBER OF ENTRIES: SINGLE DOUBLE MULTIPLE					☐ 13150 RS	□ 262500 L.L	
DURATION OF STAY: ☐ 15 DAYS ☐ 1 MONTH ☐ 3 MONTHS ☐ 6 MONTHS					RECEIPT:		

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