

**Bangladesh High Commission  
Canberra**

**Form BF-12**

**VISA APPLICATION FORM**

01. FULL NAME (First/Middle/Family Name)			Staple  2 x copies photos (40 mm x 50 mm)
02. PLACE OF BIRTH (City / State / Country)		03. DATE OF BIRTH (dd/mm/yy) ____ / ____ / ____	
04. NATIONALITY	05. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	06. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
07. PROFESSION		08. ENTRY REQUIRED <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Multiple	
09. PASSPORT NUMBER	10. PLACE OF ISSUE	11. DATE OF EXPIRY (dd/mm/yy) ____ / ____ / 20____	
12. SPOUSE'S NAME		NATIONALITY:	
13. FATHER'S NAME		NATIONALITY:	
14. MOTHER'S NAME		NATIONALITY:	
15. HOME ADDRESS			
TELEPHONE _____ FAX _____ EMAIL _____			
16. BUSINESS /WORK ADDRESS:			
TELEPHONE _____ FAX _____ EMAIL _____			
17. CONTACT ADDRESS IF DIFFERENT THAN ABOVE			
TELEPHONE _____ FAX _____ EMAIL _____			
18. NAME OF EMPLOYER			
TELEPHONE _____ FAX _____ EMAIL _____			
19. PURPOSE OF VISIT (TICK APPROPRIATE BOX)			
<input type="checkbox"/> Tourism (incl. Tavlig/visiting relatives, etc.) <input type="checkbox"/> Business/Investment <input type="checkbox"/> Seminar/Conference <input type="checkbox"/> Missionary <input type="checkbox"/> Cultural/Scientific programme <input type="checkbox"/> NGO Work <input type="checkbox"/> Study Research <input type="checkbox"/> Official/Govt. delegation <input type="checkbox"/> Govt. contractual employment <input type="checkbox"/> Journalist/Media (Print & Electronic) <input type="checkbox"/> Employment in UN/ Intl Org <input type="checkbox"/> Expert(s)/Worker(s)/Teacher(s)/Representative(s) in Industry/Education/Trading Org./Sports/Artistic Activities etc. <input type="checkbox"/> Other (Specify)			

20. ADDRESS WHILE IN BANGLADESH

21. PLACE AND PROBABLE DATE OF ARRIVAL

22. INTENDED DURATION OF STAY

23. HAVE YOU EVER BEEN TO BANGLADESH

24. IF YES, DATE AND LENGTH OF LAST VISIT

Yes  No

25. NAME AND RELATIONSHIP OF PERSON(S) TRAVELING WITH YOU

26. DECLARATION

I declare that the above information is true and accurate

NAME

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE

**PLEASE ENSURE THAT YOU HAVE ANSWERED ITEMS 1 THROUGH 26 AND SIGNED THE DECLARATION. INCOMPLETE FORMS WILL BE RETURNED WITHOUT BEING PROCESSED.**

**FOR OFFICIAL USE ONLY (Do not write in this space)**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Visa No: \_\_\_\_\_ Classification \_\_\_\_\_

Type: Single / Multiple / Transit

Date of issue \_\_\_\_\_ Validity \_\_\_\_\_

Authorised Duration \_\_\_\_\_

Refused on \_\_\_\_\_ Reviewed by \_\_\_\_\_

Comments:

**(Name and Designation of the Issuing Authority with seal)**