## **EMBASSY OF LEBANON**

2560 28th Street, NW Washington, DC 20008 Tel: (202) 939-6300 Fax: (202) 939-6324

www.lebanonembassyus.org



## **VISA APPLICATION FORM**

## Attach Applicant's Photo Here

- white background
- front view, full face
- must be recent picture

<b>01</b> - Full Name (as per passport) First	Middle	Last		Official Use Only
02 - Place of Birth (city/state/country)	03 - Date of Birth Day Month Year	04 - Sex Male	Female	Decision:
05 - Present Nationality	<b>06</b> - Nationality of Origin	<b>07</b> - Emai	l Address:	Type of Visa:
08 - Passport Number	09 - Issuing Country	_	iration Date Month Year	Remarks:
11 - Address in the U.S.A. Street Address: City: State:	Zip Code:	12 - Hom	ne Phone or Cell #	
13 - Purpose of Trip (please check correct item):  14 - Employer (for students, name school/university)				
Business Education Tourism		15 - Job Position or Title (for students, name major)		
Family Visit Official		16 - Business Address		
Other (please specify):		17 - Business Phone Number ( )		
18 - Marital Status Single Married Divorced Separated		19 - If married, Provide Spouse Name		
20 - Have you ever been to Lebanon Yes No		21 - If yes, provide the year of your most recent trip to Lebanon:		
22 - Name and Address of Contact Person, Institution or Company in Lebanon				
23 - Address in Lebanon where you will be staying (e.g., hotel, friend, other)			24 - Telephone Number in Lebanon	
25 - Expected Date of Arrival Day Month Year	26 - Duration of Immediate Trip		27 - Port of Entry	
28 - Type and duration of Visa requ Single Entry 15 days	nested: One Month		Three Months	\$35.00/Person
Multiple Entry Three Mo	Ionth Multiple Six Month Multiple			\$70.00/Person
NB: The duration of the visa will start from the day it is issued				
I declare that all particulars made in this application are true and am aware that any false statement may lead to my application being declined.				
Applicant's Signature:		Date: Day	Month Yea	r