

EMBASSY OF LEBANON  
TO THE NETHERLANDS- THE HAGUE



السفارة اللبنانية  
في هولندا - لاهاي

VISA REQUEST FORM

I. PERSONAL DATA - Please write clearly in print letters			
First Name			الاسم
Family Name			الشهرة
Maiden Name (Optional)			الشهرة قبل الزواج
Father's Name			اسم الأب
Mother's Name			اسم الام
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Contact information in the Netherlands	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Street Name & No:	
Date of Birth	DD/MM/ YYYY: / /	Post Code:	
Place of Birth		City:	
Nationality		Telephone	
Nationality of Origin		Mobile	

II. DOCUMENT INFORMATION					
Country of Issue		Type of Travel Document:	<input type="checkbox"/> Ordinary <input type="checkbox"/> Laissez-passer <input type="checkbox"/> Diplomatic <input type="checkbox"/> Other: <input type="checkbox"/> Service		
No. of Document		Date of Issue (DD/ MM/ YYYY)	/ /		
Date of Issue (DD/ MM/ YYYY)	/ /	Date of expiration (DD/ MM/ YYYY)	/ /		
> Data on other family members accompanying you. Please fill in the following table if other persons are accompanying you					
#	Name in English	Date of Birth (DD/MM/YYYY)	#	Name in English	Date of Birth (DD/MM/YYYY)
1		/ /	3		/ /
2		/ /	4		/ /

III. APPLICATION INFORMATION			
Purpose of the Trip:	<input type="checkbox"/> Family <input type="checkbox"/> Work Transit <input type="checkbox"/> Tourism <input type="checkbox"/> Study <input type="checkbox"/> Business <input type="checkbox"/> Other:	Point of Entry:	<input type="checkbox"/> Port <input type="checkbox"/> Airport <input type="checkbox"/> Other:
Visa Duration:	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months	Address in Lebanon:	
Number of Entries:	<input type="checkbox"/> One entry <input type="checkbox"/> Multiple entry	Reference in Lebanon:	
Proposed Date of Arrival	(DD/ MM/ YYYY): / /		

I Hereby declare that the above information is correct,  
and I assume full responsibility for any false declaration.

Date(DD/ MM/ YYYY) / /

Signature:

RESERVED FOR THE CONSULAR SECTION

Visa Number		Type of visa		Number of Entries	
Date of Issuance (DD/ MM/ YYYY)		Date of expiration (DD/ MM/ YYYY)		Fees	
Receipt Number		Name of Responsible Person:		Signature of Responsible Person:	