

**EMBASSY OF INDIA**  
**BUITENRUSTWEG 2**  
**2517 KD THE HAGUE**  
**Tel. (070) 3469771/(070) 4273812**  
**Fax (070) 3617072 / (070) 3462594**  
**Telex - 33543 INDEM NL**

### **VISA APPLICATION SUPPLEMENTARY FORM**

**(TO BE FILLED UP BY PERSONS WITHOUT RESIDENCE PERMIT OF THE DUTCH GOVERNMENT AND PERSONS OF PAKISTAN, BANGLADESH AND SRI LANKA ORIGIN).**

1. Name .....
2. Name of Father .....
3. Nationality .....
4. Date & place of birth .....
5. Passport no .....
6. Date & place of issue .....
7. Permanent address .....
8. Profession .....

\_\_\_\_\_  
Signature of the applicant  
Date:

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#### **FOR OFFICIAL USE ONLY**

Forwarded to .....

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with the request to confirm the personal particulars and intimate objections, if any, to grant of visa to the applicant. Costs recovered.

First Secretary (Consular)  
Date: