



भारतीय राजदूतावास

EMBASSY OF INDIA

CHAUSSÉE DE VLEURGAT, 217
1050 BRUXELLES
TEL. 640 91 40
FAX 648 96 38

TELEX / TELEFAX

**ADDITIONAL FORM TO BE FILLED UP BY NON RESIDENTS/ VISITORS TO
BELGIUM/LUXEMBOURG ALONG WITH VISA APPLICATION FORM.**

(TO BE FILLED IN CAPITAL LETTERS)

1. NAME OF THE APPLICANT :
2. NAME OF FATHER / SPOUSE :
3. NATIONALITY :
4. DATE & PLACE OF BIRTH :
5. PASSPORT NUMBER :
6. DATE & PLACE OF ISSUE :
7. OCCUPATION :
8. PERMANENT ADDRESS :

.....
(SIGNATURE OF THE APPLICANT)

For Official Use Only

FAX MESSAGE NO:BRU/CONS/VISA/

DATE:.....

Type of Visa _____ **Duration** _____

Forwarded to Indembassy / Hicomind / Congendia.....
With the request to confirm particulars and communicate objection, if any, to grant visa to the applicant. If no reply is received within 72 hours, as per government instructions visa will be issued after local checks.

FIRST SECRETARY (CONSULAR) / ATTACHE (COUNSULAR)