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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***EMBASSY OF LEBANON***  2560 28th Street, NW Washington, DC 20008  Tel: (202) 939-6300  Fax: (202) 939-6324  [www.lebanonembassyus.org](http://www.lebanonembassyus.org/) | | | | | | | 14648452_125x125.jpg  VISA APPLICATION FORM | | | | | | **Attach Applicant’s Photo Here**   * **white background** * **front view, full face**   **must be recent picture** |
| 1-Full Name *(as per passport)* | | | | | | | | | | | | | Official Use Only |
| First | | | | Middle | | | | Last | | | | |
| 2 - Place of Birth  *(city/state/country)* | | | | 3 - Date of Birth  Day Month Year | | | | 4 - Sex   * Male * Female | | | | | Decision: |
|  | | | |  |
| 5 - Present Nationality | | | | 6 -Nationality of Origin | | | | 7 – Date of issue  Day Month Year | | | | | Type of Visa: |
|  | | | |  | | | |  | |  | |  |  |
| 8 – Passport Number: | | | | 9 – Issuing Country: | | | | 10 – Date of expiration  Day Month Year | | | | |  |
|  | | | |  | | | |  |  | |  | |  |
| 11 - Address in the U.S.A. | | | | | | | | 12 - Home Phone or Cell   * Email address: | | | | | Remarks: |
| Street Address: | | | | | | | |
| City: | | State: | | | | Zip Code: | |
|  | |  | | | |  | |  | | | | |  |
| 13 - Purpose of Trip (please check correct item):   * Business * Education * Tourism * Family * Visit * Official * Other *(please specify)* | | | | | | | | 14 - Employer (for students, name school/university) | | | | | |
| 15 - Job Position or Title (for students, name major) | | | | | |
| 16 - Business Address | | | | | |
| 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 | | | | | Duration of Immediate Trip | | | Port of Entry | | | | | |
|  |  | |  | |  | | |  | | | | | |
| Type and duration of Visa requested:   * **Single Entry** $88/Person ( ) 15 days ( ) One Month ( ) Three Months * **Two Entry** $125/Person * **Multiple Entry** $175/Person ( ) Three Month Multiple ( ) Six Month Multiple   ***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 Year** | | | | | | | | | | | | | |
| **Please view complete Visa Requirements and locate the Correct Consular Office for your Jurisdiction to mail by visiting our website at www.lebanonembassyus.org** | | | | | | | | | | | | | |