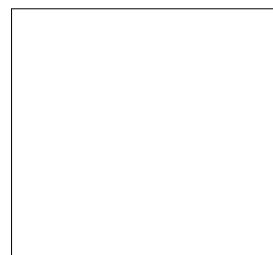


CONSULATE GENERAL OF THE KINGDOM OF BAHRAIN  
866 Second Avenue, 14<sup>th</sup> Floor, New York, NY 10017  
Tel. (212) 223-6200 Fax: (212) 319-0687

VISA APPLICATION FORM



Name \_\_\_\_\_  
Last Name First Name Middle Name

Sex: Male  Female  Nationality: \_\_\_\_\_

Date of Birth (m/d/y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Profession/Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

Passport No. \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Purpose of Visit: Business  Tourist

Required Visa: Single  Multiple

Duration of Visit: \_\_\_\_\_ Estimated Arrival: \_\_\_\_\_

Duration of previous visit and address when last in Bahrain (if any): \_\_\_\_\_

Reference and their addresses in Bahrain: \_\_\_\_\_

Address where you will be staying in Bahrain: \_\_\_\_\_

Name of Family Members Traveling with you: \_\_\_\_\_

I hereby declare that all the information given in this application is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date