

**High Commission for Bangladesh, Canada**

340 Albert Street, Suite:1250, Ottawa, Ontario, K1R 7Y6, Canada

Tel:(613)-236-0138-39 Fax:(613)-567-3213

E-mail: bangla@rogers.com Web: http://www.bdhc.org

Please attach 1 copy of
40 mm X 50 mm
photograph taken within
the last six months**APPLICATION FOR - NO VISA REQUIRED FOR TRAVEL TO BANGLADESH***PLEASE COMPLETE ALL ITEMS OR WRITE "N/A" (NOT APPLICABLE) IF NEEDED. PLEASE TYPE OR PRINT IN BOLD LETTERS.*

1. Name: _____
2. Bangladesh Nationality: By Birth By Descent Immigration Other _____
3. Date of Birth: _____ [day- month - year] 4. Place of Birth (District): _____
5. Present Nationality: _____ 6. Profession: _____
7. Sex: Male Female 8. Marital Status: Single Married Widow/Widower Divorced
9. Father's Husband's Name: _____ Nationality: _____
10. Mother's Name: _____ Nationality: _____

11. Particulars of Bangladeshi Passport:

Passport No: _____ Place of issue: _____ Date of issue: _____ [day - month - year]

Date of Expiry: _____ [day - month - year]

12. Particulars of Previously Issued No-visa (If any):

No-visa No: _____ Place of issue: _____

Date of issue: _____ [day - month - year] On Passport No: _____

13. Particulars of Canadian Passport:

Passport No: _____ Place of issue: _____ Date of issue: _____ [day - month - year]

Date of Expiry: _____ [day - month - year]

14. Present Address:

House/Apt no: _____ Street: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cell: _____

15. Permanent Address:

Village/Area/Road: _____

Post Office: _____ Thana/Upazila: _____

District: _____ Tel (if any): _____

16. Method of Payment Bank Draft / Money Order No: _____ Date: _____ [day - month -year]

Issued by: _____ Amount (C\$): _____

To the best of my knowledge and belief the information given in this application is correct. I am fully aware that by making a statement that is not true, I will render myself liable to prosecution under the law.

Signature of the Applicant:

Date: _____

Place: _____

Office Use Only :

Remarks:

Serial No: _____ Passport No: _____

Amount(C\$) _____ Receipt no: _____

Signature of the issuing officer:

Date: _____