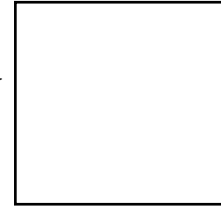




**CONSULATE GENERAL OF THE STATE OF BAHRAIN**

1866 Second Avenue, 14th Flr. New York, N.Y. 10017

Tel. No. 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 \_\_\_\_\_ Expire 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) \_\_\_\_\_

References and their address 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