



NO. : _____



Qatar State Embassy in Washington DC

4200 wisconsin ave N.W. Suite 200 Washington DC 20016 Tel (202) 274 1616 Fax (202) 237 9880
www.qatarembassy.net

APPLICATION FOR QATAR ENTRY VISA

- 1 - Full Name : _____
- 2 - Present Nationality : _____ Former Nationality : _____
- 3 - Religion : _____ Profession : _____
- 4 - Date and Place of birth : _____
- 5 - Passport No. : _____ Issued at : _____
- 6 - Date of Issue : _____ Valid until : _____
- 7 - Return Visa to : _____ Valid until : _____
- 8 - Present address : _____
- 9 - Permanent address : _____
- 10 - Purpose of visit to Qatar : _____
- 11 - Period of the visit required : _____
- 12 - Date of previous Visit to Qatar (if any,) _____
- 13 - Persons accompanying the above named are included in his passport

Name	Age	Relationship	Name	Age	Relationship
1. _____			4. _____		
2. _____			5. _____		
3. _____			6. _____		

14 - References or Persons to be visited in Qatar

- 1 - Name : _____
address : _____
- 4 - Name : _____
address : _____

Sig. of the applicant

Date : _____

Telephone: (____) ____ - ____

Date : _____ Remarks (for official use only)

Approved / Not Approved : _____

Signature of approving authority _____

Date and Number of receipt of dues collected _____