



# HIGH COMMISSION OF INDIA

6<sup>TH</sup> Floor, L.I.C. Building, President John Kennedy Street  
Port Louis, MAURITIUS

Tele: (230) 211 2380

Email: [hicom.cons@intnet.mu](mailto:hicom.cons@intnet.mu)

Fax: (230) 208 6859

Website: [www.indiahighcom-mauritius.org](http://www.indiahighcom-mauritius.org)

## SUPPLEMENTARY VISA APPLICATION FORM (TO BE FILLED IN BY THE PERSONS OTHER THAN MAURITIAN NATIONALS)

**TO BE FILLED IN COMPLETELY AND ACCURATELY IN BLOCK CAPITAL LETTERS AS PER THE PASSPORT HELD BY THE APPLICANT).**

- 1. NAME : \_\_\_\_\_
- 2. NAME OF FATHER : \_\_\_\_\_
- 3. NATIONALITY : \_\_\_\_\_
- 4. DATE & PLACE OF BIRTH : \_\_\_\_\_
- 5. PASSPORT NO : \_\_\_\_\_
- 6. DATE & PLACE OF ISSUE : \_\_\_\_\_
- 7. PERMANENT ADDRESS : \_\_\_\_\_  
\_\_\_\_\_
- 8. PROFESSION : \_\_\_\_\_
- 9. TYPE / PERIOD OF VISA REQUIRED : \_\_\_\_\_

(SIGNATURE OF THE APPLICANT WITH DATE)

-----  
(FOR OFFICE USE ONLY)

Forwarded to \_\_\_\_\_

with request to confirm the personal particulars and intimate objections if any, to grant of visa to the applicant . If no reply is received with 72 hours, it will be presumed that you have no objection and visa will be issued. Cost recovered.