



Email the Following Documents to lmmersion@G3visas.com

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 A color scan of the information/photo page our origina marked "Visas" side by side and more than six months b 	al valid signed passport. It must have at least two blank pages efore expiry.			
 Your completed ETA Questionnaire (one per traveler). email it directly to G3. 	You may save your answers on the attached fillable PDF and			
☐ This completed Visa Order Form.				
□ Non-US citizens must also include a scan of their Perr	manent Resident Card or U.S. Visa and I-94.			
Contact and Shipping Information: Provide a street address for FedEx delivery - no P.O. boxes.	Fees: Payment includes consular fees and G3 service fees. Requirements and fees are subject to change without notice.			
NameAddress CityStateZip	Your Sri Lanka ETA will be returned to you via email for you to print and carry with your passport. Visas will be issued for double entry, for a stay of up to 30 days.			
Daytime Telephone	Select one: Sri Lanka ETA 5 Business Day Processing FEE # Travelers TOTAL X = X			
Email	Payment Information: All fees are payable to G3 by: Credit Card: American Express, Visa, or MasterCard Check or Money Order payable to G3 Global Services			
Travel Information: Date of US Departure/	For Payment Via Credit Card: I authorize G3 to charge the amount of \$ plus a 5% convenience fee to my credit card. Visa/MasterCard: U Security Code: OR			
Special Notes: Delivery instructions, additional services, etc.	American Express: Label - Labe			





SRI LANKA

Email the following to ETA@g3visas.com:

- This completed questionnaire. You may save your answers on this file and email directly to G3. All questions must be answered in order for G3 to complete your application accurately.
- A scan of the information/photo page of your valid passport.
- Your completed Visa Order Form.

ETA TYPE REQUESTED:

	Business, D	ouble Entry, 30 Day ouble Entry, 30 Day le Entry, 2 Day Stay	ay Stay			
PERSONAL INFORM	IATION:					
Last Name:						
First Name:						
Middle Name:						
Title: Mr.	Mrs.	Ms.	Dr.	Rev.		
Date of Birth:/_	/	Year				
Gender:	Male	Female				
Your Citizenship:	USA	Other:				
Country of Birth:	USA	Other:				
Your Occupation:						
Passport Number:				_		
Date of Issue:/_	/	Year Year	Date of Exp	oiry:/	/	Year Year
OUR VISIT TO SRI I	LANKA:					
Earliest Date You Migh	t Enter Sri Lanka:	ay Month	/	_		
Purpose of Visit:	Tourist	Business				
Specific Purpose of Vis	sit (i.e. business m	eetings, tour group	o, etc.):			
Departure City (USA):_						
Airline and Flight Numb	oer (if known):					
Address in Sri Lanka (H	-lotel):					





SRI LANKA

YOUR CONTACT INFORMATION:

Home Address:				
City:	State:	Zip Code:		
Home Telephone:	Home Fax, if any:			
Home Email:				
Name of Employer or School:				
Work Address:				
City:	State:	Zip Code:		
Work Telephone:	Work Fax, if any:			
Work Email:				
OUR BUSINESS CONTACT IN SRI LANKA Name of Sri Lankan Company:				
Address:				
City:		Zip Code:		
Company Telephone:	Company Fax, if any:	Company Fax, if any:		
Contact Emails				