



High Commission of the Republic of Maldives,  
Colombo



Request for Visa Letter

Please present the following items along with the form

- » Passport
- » One recent passport sized of yourself
- » If you are a student, an original letter of enrolment from your institution
- » If you are a guardian or a dependent of a student, please submit the passport of the student along with your documents
- » If you are requesting for a reference letter for the medical purpose, a letter of recommendation from your doctor

One recent  
Photograph

Please specify the type of the reference letter that you wish to obtain from the High Commission

- Student - Please complete the following fields: 1,2,3,4,5,6,7,8,9,10,11a,11b,11c,11d,14,15,21,22
- Guardian - Please complete the following fields: 1,2,3,4,5,6,7,8,9,10,12a,12b,14,15,21,22
- Dependent - Please complete the following fields: 1,2,3,4,5,6,7,8,9,10,13a,13b,21,22
- Medical Patient - Please complete the following fields: 1,2,3,4,5,6,7,8,9,10,16a,16b,16c,16d,19,20,21,22
- Medical Patient's Assistant - Please complete the following fields: 1,2,3,4,5,6,7,8,9,10,17a,17b,19,20,21,22
- Medical Patient's Dependent - Please complete the following fields: 1,2,3,4,5,6,7,8,9,10,18a,18b,21,22

\* NOTE: A separate form for a Dependent has to be filled only if the Dependent's Primary Applicant has already obtained the letter

Applicant's details

- |   |                           |
|---|---------------------------|
| 1. Name: _____                          | 2. Gender: _____          |
| 3. Address in Sri Lanka: _____<br>_____ | 4. Date of Birth: _____   |
| 6. Contact Number: _____                | 5. Passport No. _____     |
| 8. Permanent Address: _____             | 7. National ID No. _____  |
|   | 9. Email Address: _____   |
|   | 10. Marital status: _____ |

For Student / Guardian / Dependent

11. If you are a Student:
- a. Name of the University, Institute or the School \_\_\_\_\_  
\_\_\_\_\_
  - b. The course details or the grade that you are attending \_\_\_\_\_  
\_\_\_\_\_
  - c. Name of your Guardian \_\_\_\_\_
  - d. Relationship between you and your Guardian \_\_\_\_\_
12. If you are Guardian of the Student:
- a. Name of the Student \_\_\_\_\_
  - b. Relationship between you and the Student \_\_\_\_\_
13. If you are a Dependent:
- a. Name of your Primary Applicant \_\_\_\_\_
  - b. Relationship between you and your Primary Applicant \_\_\_\_\_
14. If you have a Dependent, name of the Dependent \_\_\_\_\_
15. Relationship between you and your Dependent \_\_\_\_\_

For Medical Patient / Assistant / Dependent

16. If you are a Patient:
- a. Name of the Hospital where you are obtaining the treatment \_\_\_\_\_  
\_\_\_\_\_
  - b. A brief description of the medical treatment \_\_\_\_\_  
\_\_\_\_\_
  - c. Name of your Assistant \_\_\_\_\_
  - d. Relationship between you and your Assistant \_\_\_\_\_
17. If you are the Assistant of the Patient:
- a. Name of the Patient \_\_\_\_\_
  - b. Relationship between you and the Patient \_\_\_\_\_
18. If you are a Dependent:
- a. Name of your Primary Applicant \_\_\_\_\_
  - b. Relationship between you and your Primary Applicant \_\_\_\_\_
19. If you have a Dependent, name of the Dependent \_\_\_\_\_
20. Relationship between you and your Dependent \_\_\_\_\_

Declaration

I hereby declare that the above mentioned information provided in this form is true and I am responsible for the information provided

21. Signature \_\_\_\_\_
22. Date \_\_\_\_\_