



Embassy of the Democratic Socialist Republic of Sri Lanka – Bangkok

APPLICATION FOR AFFIDAVIT

Date:

Full Name:

Date of Birth: Religion:

Passport Number: Date of Issue: Date of Expiry

Address in Thailand:

Address in Sri Lanka:

Contact Number: Email:

Occupation:

Income: per month. }

(Please submit Letter of Certification from your workplace)

Has the applicant previously married? (Please tick) [Yes] (Please submit relevant documents) [No]

Two reference persons:

1) Full Name:

Address in Sri Lanka:

Telephone Number:

2) Full Name:

Address in Sri Lanka:

Telephone Number:

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Signature