



طرابلس - ليبيا 19-22 / 05 / 2010 Tripoli - Libya

VISA FORM

Please fill in this form and send it by e-mail with scanned passport copy to visa@texpo.ly before 30th Apr. 2010.

Company Name:

First Name: Surname:

Father's Name: Mother's Name:

Sex: M / F: Religion:

Single / Married: Nationality:

Place & Date of Birth:

Occupation:

Address:

.....

.....

Reason for Entry:

Visa duration:

Passport Number:

Place & Date of issue:

Expiry Date:

Have you visited Libya before ?

If yes, please give date & reason for visit:

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Last date of departure from Libya and address at the time:

.....

I, the applicant, made sure that all of above information are correct and will follow all procedures necessary to obtain the Entry Visa to Libya, and comply with all the Laws that are related to it.

Date: Applicant Signature: