



EMBASSY OF INDIA
Chaussee De Vleurgat, 217
1050 Bruxelles

FAX MESSAGE

**ADDITIONAL FORM TO BE FILLED BY NON RESIDENTS/ VISITORS OF
BELGIUM/ LUXEMBOURG ALONG WITH VISA APPLICATION FORM.**

(TO BE FILLED IN CAPITAL LETTERS)

1. Name of the Applicant: _____
2. Name OF Father/ Spouse: _____
3. Nationality: _____
4. Place of Birth: _____
5. Date of Birth: _____
6. Passport Number: _____
7. Date & Place of Issue: _____
8. Occupation: _____
9. Present Address: _____
10. Permanent Address: _____

Signature of the Application

For Official Use Only

FAX MESSAGE NO: BRU/CONS/VISA/

Date: _____

Type of Visa _____

Duration _____

Forwarded to Indian Embassy/ High Command/ Congendia _____

With the request to confirm particulars and communicate objection, If any, to grant visa to the applicant. IF no reply is received within 72 hours, as per government instructions visa will be issued after local checks.

FIRST SECRETARY (CONSULAR) / ATTACHE (CONSULAR)