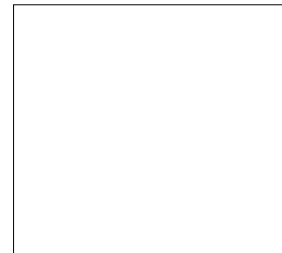


CONSULATE GENERAL OF THE KINGDOM OF BAHRAIN
866 Second Avenue, 14th Floor, New York, NY 10017
Tel. (212) 223-6200 Fax: (212) 319-0687

VISA APPLICATION FORM



Name _____
Last Name First Name Middle Name

Sex: Male [] Female [] Nationality: _____

Date of Birth (m/d/y): ____/____/____ Place of Birth: _____

Profession/Occupation: _____

Business Address: _____ Tel. () _____

Passport No. _____ Place of Issue: _____

Date of Issue: _____ Expiry Date: _____

Purpose of Visit: Business [] Tourist []

Required Visa: Single [] Multiple []

Duration of Visit: _____ Estimated Arrival: _____

Duration of previous visit and address when last in Bahrain (if any): _____

Reference and their addresses in Bahrain: _____

Address where you will be staying in Bahrain: _____

Name of Family Members Traveling with you: _____

I hereby declare that all the information given in this application is true and correct.

Signature of Applicant

Date