



## Embassy of the People's Republic of Bangladesh

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One (1) copy of  
30mm X 40mm Photograph

# APPLICATION FOR ENDORSEMENT OF "NO VISA REQUIRED FOR TRAVEL TO BANGLADESH"

PLEASE FILL IN OR TYPE IN BLOCK LETTERS.

1. Name \_\_\_\_\_  
(Surname) (Given name)

2. Date of birth \_\_\_\_\_ 3. Place of birth \_\_\_\_\_

4. Nationality at birth \_\_\_\_\_ 5. Present nationality \_\_\_\_\_ 6. Profession \_\_\_\_\_

7. Passport # \_\_\_\_\_ 8. Place of issue \_\_\_\_\_ 9. Date of issue \_\_\_\_\_ 10. Date of expiry \_\_\_\_\_

11. Sex  Male  Female 12. Marital status  Single  Married  Widow/Widower  Divorced

13.a. Name of spouse \_\_\_\_\_ 13.b. Nationality \_\_\_\_\_

14.a. Name of father \_\_\_\_\_ 14.b. Nationality \_\_\_\_\_

15.a. Name of mother \_\_\_\_\_ 15.b. Nationality \_\_\_\_\_

16. Present address and contact details

Street \_\_\_\_\_

House/Apt # \_\_\_\_\_

City \_\_\_\_\_

Region \_\_\_\_\_

Country \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

17. Home address and contact details (in Bangladesh)

Vill/Street \_\_\_\_\_

PO \_\_\_\_\_

PS \_\_\_\_\_

District \_\_\_\_\_

Phone \_\_\_\_\_

18. Purpose of visit  Tourism  Visit relatives  Other (Please specify) \_\_\_\_\_

19. In case of transfer of NVR seal from a previous passport to a new passport, please provide the following information:

a. Previous NVR issued by  Bangladesh Embassy, Moscow  Other (Please specify) \_\_\_\_\_

b. Previous Passport # \_\_\_\_\_ c. NVR seal # \_\_\_\_\_ d. Date of Issue \_\_\_\_\_

### 20. DECLARATION

I declare that I have examined the information on this form. To the best of my knowledge and belief the information on this form are true, correct and complete.

Signature of the applicant  
[in case of a minor child, parents may also sign on their behalf]

\_\_\_\_\_

FOR OFFICIAL USE ONLY (Do not write below this line)

Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_  
 RUB  US\$

Received by \_\_\_\_\_ Processed by \_\_\_\_\_

Issue # \_\_\_\_\_

Comments \_\_\_\_\_ Signature of the issuing authority \_\_\_\_\_