



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)