

# **REQUEST FOR CLEARANCE**

(Additional form to be submitted along with visa application  
by holders of non-Swedish and non-Latvian passports)

To be filled in by applicant

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Gender \_\_\_\_\_ Father's Name \_\_\_\_\_

Current Nationality \_\_\_\_\_ Dual Nationality (if any) \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ Place and Country of Birth \_\_\_\_\_

Current Passport No. \_\_\_\_\_ Date of Issue\* \_\_\_\_\_ Place of Issue \_\_\_\_\_

Current Occupation \_\_\_\_\_

Name and Address of the organization where employed/studying \_\_\_\_\_

Present Address in Sweden/Latvia \_\_\_\_\_

Address in the country of origin or country of permanent residence \_\_\_\_\_

How long have you been staying in Sweden \_\_\_\_\_

Category of Visa applied for \_\_\_\_\_ Number of entries requested \_\_\_\_\_

Duration of stay in India \_\_\_\_\_ Places to be visited \_\_\_\_\_

Dates of last visit to India\* \_\_\_\_\_ Place where last visa issued \_\_\_\_\_

Has you been refused visa earlier \_\_\_\_\_ If yes, give details of when and where \_\_\_\_\_

Signature of applicant ..... Date\* .....

\*(format: Jan. 01, 2011)

**(SPACE FOR OFFICIAL USE ONLY)**

**EOI STOCKHOLM: FAX:00-46-8-248505, 248524**

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TO: CONSULAR OFFICER, EI/HCI/CGI .....

**PLEASE CONVEY CLEARANCE/OBJECTION IF ANY  
FOR GRANT OF VISA IMMEDIATELY.**

Signature/Date .....