

PART A: INFORMATION OF REGISTRANT

*NAME (NOTE: THE SURNAME IN ENGLISH AND GIVEN NAME IN ENGLISH INPUTTED MUST TALLY WITH YOUR INDIAN PASSPORT. IF THERE IS NO SURNAME IN ENGLISH OR GIVEN NAME IN ENGLISH ON YOUR PASSPORT, PLEASE LEAVE THE FIELD BLANK)

SURNAME IN ENGLISH

GIVEN NAME IN ENGLISH

*IS THERE ANY ALIAS IN ENGLISH ON YOUR PASSPORT?

YES NO

ALIAS SURNAME IN ENGLISH (AS SHOWN ON PASSPORT, IF ANY)

NO

ALIAS GIVEN NAME IN ENGLISH (AS SHOWN ON PASSPORT, IF ANY)

NO

*HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAMES?

YES NO

SURNAME IN ENGLISH

GIVEN NAME IN ENGLISH

NATIONALITY

*SEX

*MARITAL STATUS

*DATE OF BIRTH (DD/MM/YYYY)

(FOR REGISTRANT WHOSE PASSPORT STATES THE YEAR OF BIRTH ONLY, PLEASE SELECT '--' AND '--' IN THE DAY AND MONTH FIELDS RESPECTIVELY)

*PLACE OF BIRTH (AS SHOWN ON PASSPORT)

*IS YOUR RESIDENTIAL ADDRESS IN INDIA?
YES NO

YES NO

*RESIDENTIAL ADDRESS IN INDIAN DISTRICT/CITY

*RESIDENTIAL ADDRESS OTHER THAN INDIA DISTRICT/COUNTRY

*CONTACT TELEPHONE NUMBER

PART B: INFORMATION OF PASSPORT (AS SHOWN ON YOUR PASSPORT)

*PASSPORT NUMBER

*RE-INPUT PASPPORT NUMBER

*PLACE OF ISSUE

*DATE OF ISSUE

*DATE OF EXPIRY

PART C: PREVIOUS TRAVELS TO THE HKSAR (HONGKONG)

*ANY PREVIOUS TRAVELS TO HKSAR WITHING THE PAST THREE YEARS	YES <input type="checkbox"/> NO <input type="checkbox"/>
PLEASE STATE THE PASSPORT NUMBER OF THE INDIAN PASSPORT(S) YOU HAVE PREVIOUSLY USED TO VISIT HKSAR	(NOTE: NO NEED TO STATE THE PASSPORT NUMBER AGAIN IF IT IS THE SAME AS THE ONE STATED IN PART B ABOVE)
MONTH/YEAR OF LAST THREE TRAVELS	

PART D: PREVIOUS VISITS TO FOREIGN COUNTRIES/TERRITORIES

*ANY PREVIOUS VISITS TO FOREIGN COUNTRIES/TERRITORIES WITHIN THE PAST THREE YEARS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF COUNTRY/TERRITORY VISITED AND MONTH/YEAR OF VISIT (THE LASTEST FIVE COUNTRIES/TERRITORIES WITHIN THE PAST THREE YEARS, IF APPLICABLE)	1. <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 2px;"></div> MONTH/YEAR OF ARRIVAL <div style="display: flex; justify-content: space-between; width: 100%; border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>
	2. <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 2px;"></div> MONTH/YEAR OF ARRIVAL <div style="display: flex; justify-content: space-between; width: 100%; border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>
	3. <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 2px;"></div> MONTH/YEAR OF ARRIVAL <div style="display: flex; justify-content: space-between; width: 100%; border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>
	4. <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 2px;"></div> MONTH/YEAR OF ARRIVAL <div style="display: flex; justify-content: space-between; width: 100%; border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>

	<p>5. <input style="width: 100%;" type="text"/></p> <p>MONTH/YEAR OF ARRIVAL</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><input style="width: 100%;" type="text"/></td> <td style="width: 50%;"><input style="width: 100%;" type="text"/></td> </tr> </table>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

PART E: OCCUPATION	
*EMPLOYMENT SECTOR	<input style="width: 100%;" type="text"/>
*NAME OF COMPANY/EMPLOYER/ SCHOOL	<input style="width: 100%;" type="text"/>
*ADDRESS OF OFFICE/SCHOOL/DISTRICT/ CITY	<input style="width: 100%;" type="text"/>
*CONTACT TELEPHONE NUMBER OF COMPANY/ EMPLOYER/ SCHOOL	<input style="width: 100%;" type="text"/>

PART F: DETAILS OF CURRENT VISIT	
*PURPOSE OF VISIT	<input style="width: 100%;" type="text"/>
*PROPOSED DURATION OF STAY (DAYS)	<input style="width: 100%;" type="text"/>
*ADDRESS OF ACCOMMODATION	<input style="width: 100%;" type="text"/>
HOTEL RESERVATION NUMBER, IF ANY	<input style="width: 100%;" type="text"/>
*FIND AVAILABLE FOR TRAVEL TO HKSAR IN HK DOLLARS(INCLUDING COST OF ACCOMMODATION)	<input style="width: 100%;" type="text"/>
*LOCAL CONNECTION IN THE HKSAR	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF LOCAL CONNECTION (PERSON OR COMPANY)	<input style="width: 100%;" type="text"/>
RELAYIONSHIP WITH LOCAL CONNECTION	<input style="width: 100%;" type="text"/>
ADDRESS OF LOCAL CONNECTION	<input style="width: 100%;" type="text"/>
HONG KONG TELEPHONE NUMBER OF LOCAL CONNECTION	(852) <input style="width: 50px;" type="text"/> EXT <input style="width: 50px;" type="text"/>

PART G: OTHERS	
*WILL YOU EXPERIENCE HARDSHIPS OR DIFFICULTY IN OR AFTER RETURNING TO INDIA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*HAVE YOU EVER COMMITTED OR BEEN ARRESTED FOR ANY OVERSTAYING, ILLEGAL IMMIGRATION OR OTHER CRIMINAL OFFENCE IN THE HKSAR OR ANY COUNTRY/TERRITORY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, HAVE YOU EVER BEEN CONVICTED OF	<input type="checkbox"/> YES <input type="checkbox"/> NO

THE OFFENCE(S) ?	
*HAVE YOU EVER BEEN REFUSED A VISA APPLICATION BY THE HKSAR OR ANY OTHER COUNTRY/TERRITORY?	<input type="checkbox"/> YES NO
*HAVE YOU EVER BEEN REFUSED PERMISSION TO ENTER THE HKSAR OR ANY OTHER COUNTRY/TERRITORY?	<input type="checkbox"/> YES NO
*HAVE YOU EVER BEEN DEPORTED/REMOVED FROM THE HKSAR OR ANY OTHER COUNTRY/TERRITORY?	<input type="checkbox"/> YES NO
*DO YOU SEEK TO ENGAGE IN OR HAVE YOU EVER ENGAGED IN TERRORIST ACTIVITIES?	<input type="checkbox"/> YES NO