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**NOTE: ADDITIONAL FORM TO BE FILLED IN BY ALL FOREIGN NATIONALS (EXCEPT SINGAPOREANS) IN BOLD AND CAPITAL LETTERS ALONGWITH APPLICATION FORMS**

**DIRECT VISA SECTION FAX NO. +(65) 6732 1462 DATE \_\_\_\_\_**

**FROM: HCI SINGAPORE**

**TO: CGI/HCI/INDEMBASSY/\_\_\_\_\_**

**THE FOLLOWING NATIONAL HAVE APPLIED FOR \_\_\_\_\_**

**NAME: \_\_\_\_\_**

**FATHER'S NAME: \_\_\_\_\_**

**PLACE OF BIRTH: \_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_**

**PASSPORT NO: \_\_\_\_\_ PLACE OF ISSUE: \_\_\_\_\_**

**DATE OF ISSUE: \_\_\_\_\_ DATE OF EXPIRY: \_\_\_\_\_**

**OCCUPATION: \_\_\_\_\_**

**SINGAPORE WP/EP/PR/ (PASS) NO: \_\_\_\_\_**  
 (If any specify please)

**PERMANENT ADDRESS: \_\_\_\_\_**

\_\_\_\_\_  
 \_\_\_\_\_

Assistant Consular Officer  
 HIGH COMMISSION OF INDIA  
 SINGAPORE