<u>VISA REQUISITION FORM</u>

Occupation / Position

Name of Company

Province / State Phone Number

Address

City

THE CONSULATE GENERAL OF THE REPUBLIC OF INDONESIA 5 EAST G8TH STREET . NEW YORK . NY . 10021 PHONE: 212.879.0600 FAX: 212.570.6206 [DD - MM - YYYY] Date I. GENERAL Day[s] Month[s] Length of Stay in Indonesia Year[s] Type of Visa Transit Single Visit **PHOTOGRAPH** Multiple Visit Limited Stay 2" X 2" For Transit Purpose Country of Destination Port of Departure Flight / Vessel Name For Visit Purpose Purpose of Visit Tourism Convention Family Visit Sports Study Arts Commercial Others Country of Destination Place of Visit Flight / Vessel Name For Limited Stay Purpose Purpose of Limited Stay Work Joint Family Social Others Address in Indonesia City Province Phone Number Port of entry into Indonesia [DD - MM - YYYY] Date of entry II. PERSONAL DATA First Name Middle Name Family / Surname Sex Male Female Marital Status Married Single Place of Birth [DD - MM - YYYY] Date of Birth Nationality Address City Province / State Phone Number

Professional

Student

Sales

Others

Government

Housewife

III.	PASSPORT INFORMATION																											
	Passport or Travel Document Number	:																										
	Place of Issue	:																										
	Date of Issue	:			 			_					[DI	ИМ -	- YY	YY]		•							•			
	Date of Expire	:			i – i			_] [DI	- YY	YY]													
	Type of Passport*																											
	* Fill If Type Passport Family:	If Type Passport Family:																										
	NO. RELATIVE [S] SEX DAT	RELATIVE [S] SEX DATE OF BIRTH [DD-MM-YYYY] NAME:																										
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	* Relative [s]: 1=Hunband, 2=Wife, 3=Child	Se	ex: M	=Ma	le, F=	Fema	ale									l			<u> </u>							l		
IV.	SPONSORSHIP IN INDONESIA	:								1_						1												
	Type of Sponsor	Individual						1	vern		nt			International Institution														
		Company					ı —		N. G. O.						Others				1	1			_	1	1			
	Name of Company	:											_									\sqsubseteq	$\vdash\vdash$	\vdash				
	Address	:											-									\sqsubseteq	$\vdash\vdash$					
	City	:																				\sqsubseteq	$\vdash\vdash$	<u>_</u>				
	Province / State	:							<u> </u>									1			ļ		Ш	<u></u>				
	Phone Number	:] - [_																			
٧.	MISCELLANEOUS																											
	Have you ever been to Indonesia before?																											
	Are you in posession of any other of	cou	ntrie	es'	trave	el d	ocu	me	nts?	?			:		Ye	s					No							
	Do you have previous visa to enter	Inc	done	esia	a?								:		Ye	s					No							
	Has your visa application been den	nied	bet	ore	?								:		Ye	s					No							
	Have you ever been forced to leave	Have you ever been forced to leave Indonesia? : Yes Have you ever comitted a crime or any offence? : Yes															No	No										
	Have you ever comitted a crime or																No											
	Return/Through Ticket/Airline Co.	:																										
	Place of Issue	:																										
	Date of Issue :												[DI	D - N	ИМ -	- YY	YY]				-							
	Date of Expire	:			Ī — [_					[DI	D - N	ИМ -	- YY	YY]											
	I hereby declare that the statements given above are true and I understand that even if granted a visa, admission the airport remains the discretion of the Immigration authorities in Indonesia.												on a	at														
	Applicant's Signature			٦																								
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^{*} Passport must be valid at least six months.