

VISA REQUISITION FORM

THE CONSULATE GENERAL OF THE REPUBLIC OF INDONESIA

5 EAST 68TH STREET . NEW YORK . NY . 10021 PHONE: 212.879.0600 FAX: 212.570.6206



Date : - - [DD - MM - YYYY]

I. GENERAL

Length of Stay in Indonesia : Day[s] Month[s] Year[s]

Type of Visa : Transit Single Visit
 Multiple Visit Limited Stay

PHOTOGRAPH
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 :
 Date of entry : - - [DD - MM - YYYY]

II. PERSONAL DATA

First Name :
 Middle Name :
 Family / Surname :

Sex : Male Female
 Marital Status : Married Single

Place of Birth :
 Date of Birth : - - [DD - MM - YYYY]

Nationality :
 Address :
 City :
 Province / State :

Phone Number : - -
 Occupation / Position : Professional Government Sales
 Student Housewife Others

Name of Company :
 Address :
 City :
 Province / State :
 Phone Number : - -

III. PASSPORT INFORMATION

Passport or Travel Document Number :

Place of Issue :

Date of Issue : - - [DD - MM - YYYY]

Date of Expire : - - [DD - MM - YYYY]

Type of Passport* : Personal Family

* Fill If Type Passport Family:

NO.	RELATIVE [S]	SEX	DATE OF BIRTH [DD-MM-YYYY]	NAME:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

* Relative [s]: 1=Husband, 2=Wife, 3=Child Sex: M=Male, F=Female

IV. SPONSORSHIP IN INDONESIA

Type of Sponsor : Individual Government International Institution
 Company N. G. O. Others

Name of Company :

Address :

City :

Province / State :

Phone Number : - -

V. MISCELLANEOUS

Have you ever been to Indonesia before? : Yes No

Are you in possession of any other countries' travel documents? : Yes No

Do you have previous visa to enter Indonesia? : Yes No

Has your visa application been denied before? : Yes No

Have you ever been forced to leave Indonesia? : Yes No

Have you ever comitted a crime or any offence? : Yes No

Return/Through Ticket/Airline Co. :

Place of Issue :

Date of Issue : - - [DD - MM - YYYY]

Date of Expire : - - [DD - MM - YYYY]

I hereby declare that the statements given above are true and I understand that even if granted a visa, admission at the airport remains the discretion of the Immigration authorities in Indonesia.

Applicant's Signature

Print Full Name

- - [DD - MM - YYYY]

* To be completed in duplicate with two photographs attached.
 * Passport must be valid at least six months.