

CONSULATE GENERAL REPUBLIC OF INDONESIA
DAVAO CITY

Ecoland Subd. Melati St. Phase IV Davao City
Tel. (082) 299-2930 to 34 Fax: (082) 2973462

VISA APPLICATION FORM



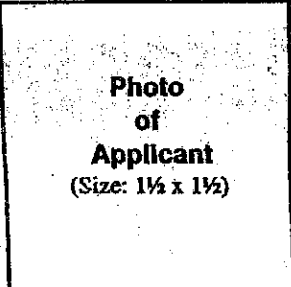
ATTENTION : Fill out all headings using CAPITAL LETTERS. Your application shall not be processed in case of error or omission.

No. _____

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



A. For Transit Purpose

Country of Destination :
Port of Departure :
Flight/Vessel Name :

B. For Visit Purpose

Purpose of Visit : Tourism Convention Family Visit Sports
 Study Arts Commercial Others: _____
Country of Destination :
Place of Visit :
Flight/Vessel Name :

C. 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/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:

 - - - - - - - - - - - -

• (Relative(s): 1=Husband, 2=Wife, 3=Child)

• (Sex: F=Female, M= Male)

IV. SPONSORSHIP IN INDONESIA

Type of Sponsor :

 Individual Government International Institution Company NGO Others: _____

Name of Company :

Address :

City :

Provincial/State :

Phone Number :

 - -

V. MISCELLANEOUS

Have you ever been to Indonesia before? :

 Yes No

Are you in possession of any other countries travel document? :

 Yes No

Do you have previous visa to enter Indonesia? :

 Yes No

Have your visa application been denied before? :

 Yes No

Have you ever been forced to leave Indonesia? :

 Yes No

Have you ever been committed a crime or any offense? :

 Yes No

Return/Through ticket/Airline Company :

Place of Issue :

Date of Issue : - - (DD-MM-YYYY)

Date of Expire : - - (DD-MM-YYYY)

I hereby declare that the statements given below 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

manila, - - (DD-MM-YYYY)

(Date of application)

- To be complete in duplicate with two photographs attached.
- Passport must be valid at least six months (for transit/visitor's visa) or 18 months (for multiple/limited stay visa)

For official use only:

1. Setuju diberikan VISA:
 - Visa atas kuasa sendiri: Tipe Visa _____
 - Dirjenim: _____ Tgl _____

2. Diajukan ke Dirjenim untuk mendapatkan Persetujuan tanggal _____

3. Ditolak, karena:

