<u>V I</u>	VISA R E Q U I S I T I O N F O R M THE CONSULATE GENERAL OF THE REPUBLIC OF INDONESIA 5 EAST 68TH STREET . NEW YORK . NY . 10021 PHONE: 212.879.0600 FAH: 212.570.6206																										
•	Date : [DD - MM - YYYY]																										
I.	GENERAL																				l	_	-	111	ILL .		_
	Length of Stay in Indonesia : Day[s] Month[s] Year[s]									ſ																	
	Type of Visa	:		Tra	Insit					Sir	gle	Visit			•										0 0 1		
		ĺ		Mu	ltiple	e Vis	sit			Limited Stay											PHOTOGRAPH 2" X 2"						
	For Transit Purpose	-								-											l						
	Country of Destination	: [
	Port of Departure	:										<u> </u>															
	Flight / Vessel Name	:										<u> </u>															
	For Visit Purpose	. [I															
	Purpose of Visit	. [Τοι	urisn	n					nver	ntion	ı			Far	nilv	Visit	ł			Sp	orts				
		Purpose of Visit : Tourism					Convention								Family Visit						Others						
	Country of Doctination	. [-	-		, 	<u> </u>	_	<u> </u>							-		, 	-	<u> </u>	<u> </u>	<u> </u>	
	Country of Destination Place of Visit	: [<u> </u>		<u> </u>
		:																									╞
	Flight / Vessel Name	: [<u> </u>
For Limited Stay Purpose Purpose of Limited Stay : Work Joint Family Social Others																											
	Purpose of Limited Stay	:		VVC	ork I		r	r		JOI	nt Fa	amir I	y I			500	lai				<u> </u>		lers		r		
	Address in Indonesia	:																							<u> </u>	\vdash	<u> </u>
	City	:																									<u> </u>
	Province	:																									Ĺ
	Phone Number	: [] -				-																		
	Port of entry into Indonesia	: [
	Date of entry	: [] –] –] [DI) - N	/M -	- YY	YY]					-					
П.	PERSONAL DATA																										
	First Name	: [
	Middle Name	:																									
	Family / Surname	:																									
	Sex	:		Ма	le					Fe	male	; ;															
	Marital Status	:		Ма	rriec	1				Sir	ngle																
	Place of Birth	:									Ĭ																
	Date of Birth	:			_			-					וסן) - N	/M -	- YY	YY]				I	-					
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	Province / State	:										-															
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	Occupation / Position	:		Pro	l	ion	al				verr	l Imer	nt			Sal	es										
		- [Professional Student					Government Housewife							i	iers										
	Name of Company	:										-					-										
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III. PASSPORT INFORMATION

	Passport or Travel Document Numb	er	:																											
I	Place of Issue		:	:																										
I	Date of Issue		:	:] –								[DD	- N	IM -	YY	YY]												
Date of Expire			: – [DD - MM - YYYY]																											
Type of Passport*					: Personal Family																									
* <u>Fil</u>	II If Type Passport Family:																													
NO. RELATIVE [S] DATE OF BIRTH [DD-MM-YY							YYY	Y]			NAM	IE:																		
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* Re	elative [s]: 1=Hunband, 2=Wife, 3	=Child	ç	Sex: N	/I=Ma	lle, F	=Fen	nale																						
IV SP	ONSORSHIP IN INDO	NESIA																												
	Type of Sponsor					divid	lual] G	overr	ımer	nt	Γ		Inte	rnat	tion	al In	stitu	tion								
				Company							4	Government N. G. O.					Others													
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	Address																					1								
	City										1																			
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	SCELLANEOUS													Г								-								
Have you ever been to Indonesia before?											: Yes							No												
Are you in posession of any other co														: [Yes						No								
Do you have previous visa to enter Indones														: Yes								No								
	Has your visa applicatio													: [Yes						No									
	Have you ever been for									: _						Yes						No								
ł	Have you ever comitted	a crime o	or ar	ny o	ffen	ce?	•							: [Yes						No								
I	Return/Through Ticket//	Airline Co	. :		1			Τ			Τ																			
I	Place of Issue							T			Ī																			
[Date of Issue		:			1-			_		Ī			[DD	- N	IM -	YY	rY]												
I	Date of Expire Image: Construction of the second seco																													
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the	e airport remains the dis			•														5												
		-	-		0	-							-																	
Ap	plicant's Signature																													

	Print Full Name
	– [DD - MM - YYYY]
* Passport must be valid at least six months.	