

VISA APPLICATION FORM

INDONESIA



ATTENTION

1. Please fill the form in CAPITAL LETTERS
2. Fill the date in DDMMYYYY, e.g.: 26 January 2008 = 26012008
3. * = choose one option

1. TYPE OF VISA

A. Duration of Stay : Day(s) Month(s) Year(s)

B. Number of Entry and Type of Visa* : Single Visit/Entry Visa (211A Visa) Multiple Entry Visa (212 Visa) Limited Stay Visa (311-319 Visa)
 Diplomatic Visa Service/Official Visa

C. If you choose 211A / 212/ Diplomatic / Service / Official Visa, Purpose of Visit:* : Tourism Family visit Commerce / Trade
 Business Social Attending meeting / conference
 Attending Lecture or Seminar Art and cultural visit Emergency
 Attending Exhibition Government Other, please specify:
 Transit Short-term study / short course

D. If you choose Limited Stay Visa, Purpose of Visit:* : Work / Gaining Employment Long-term Study Retirement
 Investment Family Reunion Other, please specify:
 Conducting Research/Training Repatriation

For Limited Stay Visa
 Address in Indonesia : _____
 City : _____ Province : _____
 Phone Number : _____

2. TRAVEL INFORMATION / TRAVEL ITINERARY

A. Name of Airport / Seaport / Land Border / City of your First Entry into Indonesia : _____

B. Flight Number : _____

C. Place(s) or Citi(ies) to visit : _____

D. Date of your Intended First Entry / Arrival into Indonesia (DDMMYYYY) :

Date of your Intended Departure from Indonesia (DDMMYYYY) :

3. PERSONAL INFORMATION

A. First Name / Given Name : _____

B. Middle Name (if any) : _____

C. Family / Surname : _____

D. Sex* : Male Female

E. Marital Status* : Married Single

F. Place of Birth : _____ Date of Birth (DDMMYYYY) :

G. Nationality : _____

H. Home Address : _____
 City : _____ Postal Code : _____
 Country : _____

I. Mobile Phone Number : _____

J. E-Mail Address : _____

K. Occupation/Position* : Accountant Consultant Entrepreneur
 Artist Doctor/Nurse Government Official
 Athlete Domestic Worker Housewife
 Attorney/Lawyer Employee Resarcher
 Chef/Restaurant Industry Engineer Student
 Other, please specify : _____

L. Name of Company/School : _____

M. Address : _____
 City : _____ Postal Code : _____
 Country : _____

N. Phone Number : _____

