

USA - Information for online DS 160 Visa Form

** Please use this form as a guideline in order for Visas International to complete your online visa application form

** All information must be completed in full. **IF INCOMPLETE**, this will delay the process of completing your online form

PERSONAL INFORMATION 1:

WHAT IS YOUR NAME, AS SHOWN IN YOUR CURRENT PASSPORT OR TRAVEL DOCUMENT?

SURNAME:

FULL NAME: *(In Native alphabet)*

ARE YOU NOW OR HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME? IF YES, PLEASE GIVE BELOW:

ARE YOU NOW OR HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME? IF **YES**, PLEASE GIVE BELOW:

FIRST NAME:

SECOND NAME

SURNAME / FAMILY NAME:

DO YOU HAVE A TELECODE NAME?

GENDER: *(As shown in passport):*

MARITAL STATUS:

IF **OTHER**, EXPLAIN:

DATE OF BIRTH (*As per passport*):
(dd/mm/yyyy)

CITY OF BIRTH:

STATE / PROVINCE OF BIRTH:

COUNTRY / REGION OF BIRTH:

PERSONAL INFORMATION 2:

NATIONALITY:

NATIONAL IDENTITY NUMBER:

DO YOU HOLD ANY OTHER
NATIONALITY?

IF **YES**, WHICH NATIONALITY?:

ARE YOU A PERMANENT
RESIDENT OF A COUNTRY/
REGION OTHER THAN YOUR
COUNTRY/REGION OF ORIGIN
(NATIONALITY) ABOVE?

US SOCIAL SECURITY NUMBER:

US TAXPAYER ID NUMBER:

TRAVEL INFORMATION:

WHAT IS THE PURPOSE OF
YOUR VISIT?

HAVE YOU MADE SPECIFIC
TRAVEL PLANS?

INTENDED DATE OF TRAVEL:

(dd/mm/yyyy)

INTENDED LENGTH OF STAY:

PLEASE ENTER BELOW ADDRESS WHERE YOU WILL STAY IN THE US:

STREET ADDRESS (Line 1)

STREET ADDRESS (Line 2)

CITY:

STATE / PROVINCE:

POSTAL ZONE / ZIP CODE:

(If known)

WHO IS THE **PERSON/ENTITY**
THAT WILL BE PAYING FOR THE
TRIP?

IF NOT **SELF** AS ABOVE, PLEASE PROVIDE DETAILS FOR THE PAYER:

SURNAME OF PERSON PAYING

GIVEN NAME OF PERSON
PAYING:

TELEPHONE NUMBER:

EMAIL ADDRESS:

WHAT IS THE RELATIONSHIP TO
YOU?

IS THE ADDRESS OF THE PARTY
PAYING FOR YOUR TRIP THE
SAME AS YOUR HOME OR
MAILING ADDRESS?

IF **NO**, PLEASE PROVIDE ADDRESS:

STREET ADDRESS (Line 1)

STREET ADDRESS (Line 2)

CITY:

STATE / PROVINCE:

POSTAL ZONE / ZIP CODE:

(If known)

COUNTRY / REGION:

TRAVEL COMPANIONS INFORMATION:

ARE THERE ANY OTHER
PERSONS TRAVELLING WITH
YOU?

IF **YES**, GIVE DETAILS BELOW:

SURNAME:

GIVEN NAME:

RELATIONSHIP WITH YOU:

SURNAME:

GIVEN NAME:

RELATIONSHIP WITH YOU:

ARE YOU TRAVELLING AS PART
OF A GROUP OR
ORGANIZATION?

IF **YES**, ORGANIZATION NAME:

PREVIOUS U.S. TRAVEL INFORMATION:

HAVE YOU EVER BEEN IN THE
U.S.?

IF **YES**, GIVE DETAILS BELOW: (TRIP 1)

DATE ARRIVED:
(dd/mm/yyyy)

LENGTH OF STAY:

IF **YES**, GIVE DETAILS BELOW: (TRIP 2)

DATE ARRIVED:
(dd/mm/yyyy)

LENGTH OF STAY:

IF **YES**, GIVE DETAILS BELOW: (TRIP 3)

DATE ARRIVED:
(dd/mm/yyyy)

LENGTH OF STAY:

IF **YES**, GIVE DETAILS BELOW: (TRIP 4)

DATE ARRIVED:
(dd/mm/yyyy)

LENGTH OF STAY:

DO YOU OR DID YOU EVER
HOLD A U.S. DRIVER'S LICENSE?

IF **YES**, GIVE DETAILS BELOW:

DRIVER'S LICENSE NUMBER:

STATE OF DRIVER'S LICENSE:

HAVE YOU EVER BEEN ISSUED A
U.S. VISA?

IF **YES**, GIVE PREVIOUS **U.S.** VISA'S ISSUED BELOW:

DATE LAST VISA WAS ISSUED:

VISA NUMBER:

ARE YOU APPLYING FOR THE
SAME TYPE OF VISA?

ARE YOU APPLYING IN THE
SAME COUNTRY OR LOCATION
WHERE THE VISA ABOVE WAS
ISSUED, AND IS THIS COUNTRY
OR LOCATION YOUR PLACE OF
PRINCIPLE OF RESIDENCE?

HAS YOUR **U.S.** VISA EVER BEEN
LOST OR STOLEN?

IF **YES**, WHICH YEAR?

EXPLAIN:

HAS YOUR **U.S.** VISA EVER BEEN
CANCELLED OR REVOKED?

IF **YES**, EXPLAIN:

HAVE YOU EVER BEEN REFUSED
A **U.S.** VISA, OR BEEN REFUSED
ADMISSION TO THE UNITED
STATES, OR WITHDRAWN YOUR
APPLICATION FOR ADMISSION AT
THE PORT OF ENTRY?

IF **YES**, EXPLAIN:

HAS ANYONE EVER FILED AN
IMMIGRANT PETITION ON YOUR
BEHALF WITH THE UNITED
STATES CITIZENSHIP AND
IMMIGRATION?

IF **YES**, EXPLAIN:

ADDRESS AND PHONE INFORMATION:

HOME ADDRESS:

STREET ADDRESS (Line 1)

STREET ADDRESS (Line 2)

CITY:

STATE / PROVINCE:

POSTAL ZONE / ZIP CODE:
(If known)

COUNTRY / REGION:

IS THE ABOVE ADDRESS THE
SAME AS YOUR MAILING
ADDRESS?

IF **NO** FOR ABOVE, PLEASE GIVE MAILING ADDRESS:

STREET ADDRESS (Line 1)

STREET ADDRESS (Line 2)

CITY:

STATE / PROVINCE:

POSTAL ZONE / ZIP CODE:
(If known)

COUNTRY / REGION:

PHONE:

PRIMARY PHONE NUMBER:

SECONDARY PHONE NUMBER:

WORK PHONE NUMBER:

EMAIL ADDRES:

DO YOU HAVE A SOCIAL MEDIA
PRESENCE?

IF **YES** FOR ABOVE, PLEASE GIVE DETAILS BELOW:

SOCIAL MEDIA PLATFORM (1):

SOCIAL MEDIA IDENTIFIER:

SOCIAL MEDIA PLATFORM (2):

SOCIAL MEDIA IDENTIFIER:

SOCIAL MEDIA PLATFORM (3):

SOCIAL MEDIA IDENTIFIER:

SOCIAL MEDIA PLATFORM (4):

SOCIAL MEDIA IDENTIFIER:

PASSPORT INFORMATION:

PASSPORT / TRAVEL DOCUMENT
TYPE:

IF **OTHER**, PLEASE SPECIFY:

PASSPORT / TRAVEL DOCUMENT
NUMBER:

PASSPORT BOOK NUMBER:

COUNTRY / AUTHORITY THAT
ISSUED PASSPORT/TRAVEL
DOCUMENT:

CITY WHERE ISSUED:

STATE / PROVINCE WHERE
ISSUED:

COUNTRY / REGION WHERE
ISSUED:

DATE OF ISSUE (*dd/mm/yyyy*):

EXPIRY DATE (*dd/mm/yyyy*):

HAVE YOU EVER LOST A
PASSPORT OR HAD ONE
STOLEN?

U.S. POINT OF CONTACT INFORMATION:

CONTACT PERSON OR ORGANIZATION IN THE UNITED STATES:

SURNAME:

GIVEN NAME:

ORGANIZATION NAME:

RELATIONSHIP TO YOU:

ADDRESS AND CONTACT NUMBER OF POINT OF CONTACT :

STREET ADDRESS (Line 1)

STREET ADDRESS (Line 2)

CITY:

STATE / PROVINCE:

POSTAL ZONE / ZIP CODE:
(If known)

PHONE NUMBER:

EMAIL ADDRESS:

FAMILY INFORMATION: RELATIVES

PLEASE NOTE: PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING YOUR BIOLOGICAL PARENTS. IF YOU ARE ADOPTED, PLEASE PROVIDE INFORMATION ABOUT YOUR ADOPTIVE PARENTS:

FATHER'S FULL NAME AND DATE OF BIRTH:

SURNAME:

GIVEN NAME:

DATE OF BIRTH:(dd/mm/yyyy)

IS YOUR FATHER IN THE U.S.?

IF **YES**, STATUS?

MOTHER'S FULL NAME AND DATE OF BIRTH:

SURNAME:

GIVEN NAME:

DATE OF BIRTH:(dd/mm/yyyy)

IS YOUR MOTHER IN THE U.S.?

IF **YES**, STATUS?

DO YOU HAVE ANY IMMEDIATE
RELATIVES, NOT INCLUDING
PARENTS, IN THE UNITED
STATES?

IF YES, PROVIDE THE BELOW INFORMATION:

SURNAME:

GIVEN NAME:

RELATIONSHIP TO YOU?

RELATIVES STATUS?

FAMILY INFORMATION: SPOUSE

NOTE: ENTER CURRENT SPOUSE INFORMATION:

SPOUSE'S FULL NAME AND SURNAME (INCLUDE MAIDEN NAME):

SPOUSE'S SURNAMES:

SPOUSE'S GIVEN NAMES:

SPOUSE'S DATE OF BIRTH:
(dd/mm/yyyy)

SPOUSE'S COUNTRY / REGION
OF ORIGIN: (*nationality*)

SPOUSE'S PLACE OF BIRTH:

CITY:

COUNTRY/REGION:

SPOUSE'S ADDRESS:

STREET ADDRESS (Line 1)

STREET ADDRESS (Line 2)

CITY:

STATE / PROVINCE:

POSTAL ZONE / ZIP CODE:
(If known)

PROVINCE:

POSTAL CODE:

COUNTRY/REGION:

PRESENT WORK / EDUCATION / TRAINING INFORMATION:

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING YOUR CURRENT EMPLOYMENT OR EDUCATION:

PRIMARY OCCUPATION:

PRESENT EMPLOYER OR
SCHOOL NAME:

STREET ADDRESS (Line 1)

STREET ADDRESS (Line 2)

CITY:

STATE / PROVINCE:

POSTAL ZONE / ZIP CODE:
(If known)

PHONE NUMBER:

COUNTRY / REGION:

DATE STARTED: (mm/yyyy)

MONTHLY INCOME IN LOCAL
CURRENCY (IF EMPLOYED):

BRIEFLY DESCRIBE YOUR
DUTIES:

PREVIOUS WORK / EDUCATION / TRAINING INFORMATION:

NOTE: PROVIDE YOUR EMPLOYMENT INFORMATION FOR THE LAST FIVE YEARS THAT YOU WERE EMPLOYED, IF APPLICABLE:

WERE YOU PREVIOUSLY
EMPLOYED?

IF **YES**, PLEASE GIVE BELOW DETAILS:

PREVIOUS EMPLOYMENT 1:

EMPLOYER NAME:

STREET ADDRESS (Line 1)

STREET ADDRESS (Line 2)

CITY:

STATE / PROVINCE:

POSTAL ZONE / ZIP CODE:
(If known)

PHONE NUMBER:

COUNTRY / REGION:

JOB TITLE:

SUPERVISOR'S **SURNAME:**

SUPERVISOR'S **GIVEN NAMES:**

EMPLOYMENT DATE **FROM:**
(dd/mm/yyyy)

EMPLOYMENT DATE **TO:**
(dd/mm/yyyy)

BRIEFLY DESCRIBE YOUR
DUTIES:

PREVIOUS EMPLOYMENT 2:

EMPLOYER NAME:

STREET ADDRESS (Line 1)

STREET ADDRESS (Line 2)

CITY:

STATE / PROVINCE:

POSTAL ZONE / ZIP CODE:
(If known)

PHONE NUMBER:

COUNTRY / REGION:

JOB TITLE:

SUPERVISOR'S **SURNAME**:

SUPERVISOR'S **GIVEN NAMES**:

EMPLOYMENT DATE **FROM**:
(dd/mm/yyyy)

EMPLOYMENT DATE **TO**:
(dd/mm/yyyy)

BRIEFLY DESCRIBE YOUR
DUTIES:

HAVE YOU ATTENDED ANY
EDUCATIONAL INSTITUTIONS AT
A SECONDARY LEVEL OR
ABOVE?

IF **YES**, PLEASE GIVE BELOW DETAILS:

INSTITUTION 1:

NAME OF INSTITUTION:

STREET ADDRESS (Line 1)

STREET ADDRESS (Line 2)

CITY:

STATE / PROVINCE:

POSTAL ZONE / ZIP CODE:
(If known)

COUNTRY / REGION:

COURSE OF STUDY:

DATE OF ATTENDANCE **FROM**:
(dd/mm/yyyy)

DATE OF ATTENDANCE **TO**:
(dd/mm/yyyy)

INSTITUTION 2:

NAME OF INSTITUTION:

STREET ADDRESS (Line 1)

STREET ADDRESS (Line 2)

CITY:

STATE / PROVINCE:

POSTAL ZONE / ZIP CODE:
(If known)

COUNTRY / REGION:

COURSE OF STUDY:

DATE OF ATTENDANCE **FROM**:
(dd/mm/yyyy)

DATE OF ATTENDANCE **TO**:
(dd/mm/yyyy)

ADDITIONAL WORK / EDUCATION / TRAINING INFORMATION:

NOTE: PROVIDE THE FOLLOWING WORK, EDUCATION, OR TRAINING RELATED INFORMATION. PROVIDE COMPLETE AND ACCURATE INFORMATION TO ALL QUESTIONS THAT REQUIRE AN EXPLANATION:

DO YOU BELONG TO A CLAN OR TRIBE?

IF **YES**, CLAN OR TRIBE NAME:

PLEASE PROVIDE A LIST OF LANGUAGES YOU SPEAK:

HAVE YOU TRAVELED TO ANY COUNTRY / REGIONS WITHIN THE LAST **FIVE** YEARS?

IF **YES**, PLEASE PROVIDE A LIST OF THE COUNTRIES VISITED:

HAVE YOU BELONGED TO, CONTRIBUTED TO, OR WORKED FOR ANY PROFESSIONAL, SOCIAL, OR CHARITABLE ORGANIZATION?

IF **YES**, PLEASE PROVIDE A LIST OF ORGANIZATIONS:

DO YOU HAVE ANY SPECIALIZED SKILLS OR TRAINING, SUCH AS FIREARMS, EXPLOSIVES, NUCLEAR, BIOLOGICAL, OR CHEMICAL EXPERIENCE?

IF **YES**, EXPLAIN:

HAVE YOU EVER SERVED IN THE
MILITARY?

IF **YES**, PROVIDE THE FOLLOWING INFORMATION:

NAME OF COUNTRY / REGION:

BRANCH OF SERVICE:

RANK / POSITION:

MILITARY SPECIALITY:

DATE OF SERVICE **FROM**:
(dd/mm/yyyy)

DATE OF SERVICE **TO**:
(dd/mm/yyyy)

HAVE YOU EVER SERVED IN,
BEEN A MEMBER OF, OR BEEN
INVOLVED WITH A PARAMILITARY
UNIT, VIGILANTE UNIT, REBEL
GROUP, GUERRILLA GROUP, OR
INSURGENT ORGANIZATION?

IF **YES**, EXPLAIN:

SECURITY AND BACKGROUND: PART 1

NOTE: PROVIDE THE FOLLOWING SECURITY AND BACKGROUND INFORMATION. PROVIDE COMPLETE AND ACCURATE INFORMATION TO ALL QUESTIONS THAT REQUIRE AN EXPLANATION. A VISA MAY NOT BE ISSUED TO PERSONS WHO ARE WITHIN SPECIFIC CATEGORIES DEFINED BY LAW AS INADMISSIBLE TO THE UNITED STATES (*EXCEPT WHEN A WAIVER IS OBTAINED IN ADVANCE.*) ARE ANY OF THE FOLLOWING APPLICABLE TO YOU?

DO YOU HAVE A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE?

* COMMUNICATE DISEASES OF PUBLIC SIGNIFICANCE INCLUDE CHANCROID, GONORRHEA, GRANULOMA INGUINALE, INFECTIOUS LEPROSY, LYMPHOGRANULOMA VENEREUM, INFECTIOUS STAGE SYPHILLIS, ACTIVE TUBERCULOSIS, AND OTHER DISEASES AS DETERMINED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

IF **YES**, EXPLAIN:

DO YOU HAVE A MENTAL OR PHYSICAL DISORDER THAT POSES OR IS LIKELY TO POSE A THREAT TO THE SAFETY OR WELFARE OF YOURSELF OR OTHERS?

IF **YES**, EXPLAIN:

ARE YOU OR HAVE YOU EVER BEEN A DRUG ABUSER OR ADDICT?

IF **YES**, EXPLAIN:

SECURITY AND BACKGROUND: PART 2

NOTE: PROVIDE COMPLETE AND ACCURATE ANSWERS TO ALL QUESTIONS THAT REQUIRE AND EXPLANATION.

HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR ANY OFFENSE OR CRIME, EVEN THOUGH SUBJECT OF A PARDON, AMNESTY OR OTHER SIMILAR ACTION?

IF **YES**, EXPLAIN:

HAVE YOU EVER VIOLATED, OR ENGAGED IN A CONSPIRACY TO VIOLATE, ANY LAW RELATING TO CONTROLLED SUBSTANCES?

IF **YES**, EXPLAIN:

ARE YOU COMING TO THE UNITED STATES TO ENGAGE IN PROSTITUTION OR UNLAWFUL COMMERCIALIZED VICE OR HAVE YOU BEEN ENGAGED IN PROSTITUTION OR PROCURING PROSTITUTES WITHIN THE PAST 10 YEARS?

IF **YES**, EXPLAIN:

HAVE YOU EVER BEEN INVOLVED IN, OR DO YOU SEEK TO ENGAGE IN MONEY LAUNDERING?

IF **YES**, EXPLAIN:

HAVE YOU EVER COMMITTED OR CONSPIRED TO COMMIT A HUMAN TRAFFICKING OFFENSE IN THE UNITED STATES OR OUTSIDE THE UNITED STATES?

IF **YES**, EXPLAIN:

HAVE YOU EVER KNOWINGLY AIDED, ABETTED, ASSISTED OR COLLUDED WITH AN INDIVIDUAL WHO HAS COMMITTED, OR CONSPIRED TO COMMIT A SEVERE HUMAN TRAFFICKING OFFENSE IN THE UNITED STATES OR OUTSIDE THE UNITED STATES?

IF **YES**, EXPLAIN:

ARE YOU THE SPOUSE, SON, OR DAUGHTER OF AN INDIVIDUAL WHO HAS COMMITTED OR CONSPIRED TO COMMIT A HUMAN TRAFFICKING OFFENSE IN THE UNITED STATES OR OUTSIDE THE UNITED STATES AND HAVE YOU WITHIN THE LAST FIVE YEARS, KNOWINGLY BENEFITED FROM THE TRAFFICKING ACTIVITIES?

IF **YES**, EXPLAIN:

SECURITY AND BACKGROUND: PART 3

NOTE: PROVIDE COMPLETE AND ACCURATE ANSWERS TO ALL QUESTIONS THAT REQUIRE AND EXPLANATION.

DO YOU SEEK TO ENGAGE IN ESPIONAGE, SABOTAGE, EXPORT CONTROL VIOLATIONS, OR ANY OTHER ILLEGAL ACTIVITY WHILE IN THE UNITED STATES?

IF **YES**, EXPLAIN:

DO YOU SEEK TO ENGAGE IN TERRORIST ACTIVITIES WHILE IN THE UNITED STATES OR HAVE YOU EVER ENGAGED IN TERRORIST ACTIVITIES?

IF **YES**, EXPLAIN:

HAVE YOU EVER OR DO YOU INTEND TO PROVIDE FINANCIAL ASSISTANCE OR OTHER SUPPORT TO TERRORISTS OR TERRORIST ORGANIZATIONS?

IF **YES**, EXPLAIN:

ARE YOU A MEMBER OR REPRESENTATIVE OF A TERRORIST ORGANIZATION?

IF **YES**, EXPLAIN:

HAVE YOU EVER ORDERED, INCITED, COMMITTED, ASSISTED, OR OTHERWISE PARTICIPATED IN GENOCIDE?

IF **YES**, EXPLAIN:

HAVE YOU EVER ORDERED, INCITED, COMMITTED, ASSISTED, OR OTHERWISE PARTICIPATED IN TORTURE?

IF **YES**, EXPLAIN:

HAVE YOU EVER ORDERED,
INCITED, COMMITTED,
ASSISTED, OR OTHERWISE
PARTICIPATED IN
EXTRAJUDICIAL KILLINGS,
POLITICAL KILLINGS, OR OTHER
ACTS OF VIOLENCE?

IF **YES**, EXPLAIN:

HAVE YOU EVER ENGAGED IN
THE RECRUITMENT OR THE USE
OF CHILD SOLDIERS?

IF **YES**, EXPLAIN:

HAVE YOU, WHILE SERVING AS A
GOVERNMENT OFFICIAL, BEEN
RESPONSIBLE FOR OR
DIRECTLY CARRIED OUT, AT ANY
TIME, PARTICULARLY SEVERE
VIOLATIONS OF RELIGIOUS
FREEDOM?

IF **YES**, EXPLAIN:

HAVE YOU EVER BEEN DIRECTLY INVOLVED IN THE ESTABLISHMENT OR ENFORCEMENT OF POPULATION CONTROLS FORCING A WOMEN TO UNDERGO AN ABORTION AGAINST HER FREE CHOICE OR A MAN OR A WOMEN TO UNDERGO STERILIZATION AGAINST HIS OR HER FREE WILL?

IF **YES**, EXPLAIN:

HAVE YOU EVER BEEN DIRECTLY INVOLVED IN THE COERVIC TRANSPLANTATION OF HUMAN ORGANS OR BODILY TISSUE?

IF **YES**, EXPLAIN:

SECURITY AND BACKGROUND: PART 4

NOTE: PROVIDE COMPLETE AND ACCURATE ANSWERS TO ALL QUESTIONS THAT REQUIRE AND EXPLANATION.

HAVE YOU EVER SOUGHT TO OBTAIN OR ASSIST OTHERS TO OBTAIN A VISA, ENTRY INTO THE UNITED STATES, OR ANY OTHER UNITED STATES IMMIGRATION BENEFIT BY FRAUD OR WILLFUL MISREPRESENTATION OR OTHER UNLAWFUL MEANS?

IF **YES**, EXPLAIN:

SECURITY AND BACKGROUND: PART 5

NOTE: PROVIDE COMPLETE AND ACCURATE ANSWERS TO ALL QUESTIONS THAT REQUIRE AND EXPLANATION.

HAVE YOU EVER WITHHELD CUSTODY OF A U.S. CITIZEN CHILD OUTSIDE THE UNITED STATES FROM A PERSON GRANTED LEGAL CUSTODY BY A U.S. COURT?

IF **YES**, EXPLAIN:

HAVE YOU EVER VOTED IN THE UNITED STATES IN VIOLATION OF ANY LAW OR REGULATION?

IF **YES**, EXPLAIN:

HAVE YOU EVER RENOUNCED UNITED STATES CITIZENSHIP FOR THE PURPOSES OF AVOIDING TAXATION?

IF **YES**, EXPLAIN:

