

CONSULATE OF URUGUAY -

PRETORIA

1119 BURNETT ST  
MIB HOUSE - 3rd FLOOR  
HATFIELD 0083

PO BOX 3247  
PRETORIA  
0001

TEL: 012 432 829/831  
FAX: 012 432 833

VISA APPLICATION

1. FULL NAMES :
2. NATIONALITY:
3. PLACE & DATE OF BIRTH:
4. PROFESSION:
5. CIVIL STATUS:      MARRIED      DIVORCED      WIDOWED      SINGLE
6. NAME OF SPOUSE:
7. PERMANENT ADDRESS:  
TELEPHONE NO:
8. NAME AND ADDRESS OF EMPLOYER:  
TELEPHONE NO:
9. PASSPORT NO:                      OF (COUNTRY)  
PLACE & DATE OF ISSUE:  
EXPIRY DATE:
10. DATE OF DEPARTURE SOUTH AFRICA:
11. DATE OF ARRIVAL URUGUAY:  
DATE OF DEPARTURE URUGUAY:
12. PURPOSE OF VISIT TO URUGUAY:
13. RESIDENTIAL ADDRESS URUGUAY:
14. BUSINESS/PERSONAL REFERENCES IN URUGUAY:

.....  
SIGNATURE APPLICANT

SIGNED AT..... on the ..... OF .....

N.B VISA VALID FOR SINGLE ENTRY ONLY FOR 90 DAYS FROM DATE OF ISSUE.

REQUIREMENTS: VALID PASSPORT, 1 PASSPORT SIZE PHOTOGRAPH, RETURN AIR TICKET,  
VISA OF COUNTRY OF DESTINATION.

COST: VISAS FOR SOUTH AFRICAN PASSPORT HOLDERS FREE OF CHARGE BUT FAX CHARGE OF  
R7.50 PER APPLICATION IS APPLICABLE. FOR OTHER COUNTRIES PLEASE CHECK.

THIS FORM MAY BE PHOTOCOPIED.