

REG NO:

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EMBASSY OF THE REPUBLIK OF INDONESIA A N K A R A

Visa Application Form

I here by declare that the statements given bellow are true and correct, and I realize that even though possessing valid a valid visa to Indonesia, permission for entry remains t the discretion of the immigration authorities in Indonesia

- I am also aware that during my visit in Indonesia I will refrain from:
- a. Being engaged in any occupation or institution paid or unpaid different with apply for visa.
- b. Overstaying

That I fail to comply with the above mentioned requirements, I am liable to prosecution and expulsion.

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Date :		-			-						(dd/	mm/y	уууу)									Pł		raph		
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1 GENERAL																										
Length of Stay in Indonesia		:			Day	S			Mon						Yea	rs										
Type of Visa		:		Tran		· /:				le Vi											L					
		:		Mult	iple '	visa			Limi	ted S	stay															
For Transit Purpose																										
Country of Destination	:	l											l				1		l							\neg
Port of Departure	:																				—			=		_
Flight/ Vessel Name	:																							=		
9																										
For Visit Purpose																										
Purpose of Visit	:		Tou	rism		Con	venti	on		Fam	nily V	isit		Spo	rts											
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Country of Destination	:																									
Place of Visit	:																									
Flight/ Vessel Name	:																				Ш.					
For Limited Stay Purpose																										
Purpose of Limited Stay	:		Wor	k		Join	t Far	nily		Soc	ial		Othe	ers												
Address in Indonesia	:																				\vdash					
City	:																				Ь—					
Province	:																				Щ					
Phone Number	:				-				-									l								
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Port of Entry to Indonesia Date of Entry		:															l								l l	
Date of Entry		•			-			-																		
2 PERSONAL DATA																										
First Name	:																									
Middle Name	:																							\neg		\neg
Family/ Surname	:																							\neg		\neg
Sex	:		Male	9		Fem	ale																			
Marital Status	:		Mari	ried		Sing	lle																			
Place of Birth	:																									
Date of Birth	:			-			-																			
Nationality	:																									
Address	:																									
City	:																									
Province/ State	:																				L_					
Phone Number	:				-				-																	
Occupation/ Position	:		Prof		onal			ernm				Sale														
			Stuc	lent			Hou	sewi	fe			Othe	ers													
Name of Company																					 					
Address	:																<u> </u>				<u> </u>					
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City	:																<u> </u>									
Province/ State	:																<u> </u>									
Phone Number	:				-				-																	

3	PASSPORT INFORMATION :																			
,	Passport / Travel Document Number :			-1		1	1													
	Place of Issue :			-		1							_							
	Date of Issue :	-		-		-														
		-		-		- ⊦														
	Date of Expire :	-	D	- L							l									
	Type of Passport :	ш	Perso	mai		Fan	шу													
	Fill, If Type Passport Family																			
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1	SPONSORSHIP IN INDONESIA																			
7	Type of Sponsor : Individual	Ī		Gove	ernment			Inter	natio	nal										
	: Company	İ		NGC				Othe												
	Name Company :																			
	Address :															T				
	City :															T				
	Province/ State :															T				
	Phone Number : -		-																	
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5	MISCELLANEOUS							1.,	1		١									
	Have you ever been to Indonesia before?				^	:		Yes			No No									
	Are you in possession of any other countries tr		ocume	ents	1	:		Yes			-									
	Do you have previous visa to enter Indonesia?					:		Yes			No									
	Have you visa application been denied before?					:		Yes			No									
	Have you ever been forced to leave Indonesia' Have you ever been committed a crime or any		-2			:		Yes Yes			No No									
	have you ever been committed a crime or any	onenc	er					res			INO									
	Return/ Through Ticket/ Airline Company	: [1														
	Place of Issue	: 1											T			1				
	Date of Issue	: [-		-							:						
	Date of Expire	: [] -													
	Analianatia Cinantura																			
	Applicant's Signature																			
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	* To be complete in duplicate with two photogra	aphs a	ttache	ed.																

^{*} Passport must be valid at least sixth months.

USE FOR OFFICIAL ONLY										
Jenis Da	ta	Disetujui Oleh Bidang Imigrasi	Pengolah Data							
Tanggal										
Nama										
Jabatan										
Tanda Tangar	ı									
Data Visa Yan No. Register/ I	migrasi									
Dikeluarkan	Tanggal									
Berlaku s/d	Tanggal									