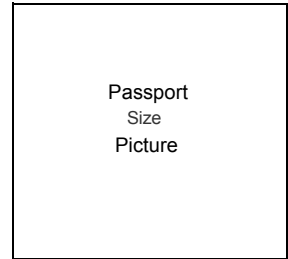


EMBASSY OF THE REPUBLIC OF INDONESIA
2020 MASSACHUSETTS AVENUE, N.W.
WASHINGTON, D.C. 20036
PHONE : (202) 775 5200, 775 5244 ; FAX: (202) 775 5315, 775 5365



Application Number (office use only) : / /

Date : - - (DD-MM-YYYY)



I GENERAL

Duration of Stay in Indonesia : Day(s) Month(s) Year(s)

Type of Visa : Transit Single Entry
 Multiple Entry Limited Stay

For Transit Visa

Country of Destination :
Place of Departure :
Flight/Vessel Name :

For Visit Visa

Purpose of Visit : Tourism Convention Family Visit Sports
 Study Arts Commercial Others

Country of Destination :
Place of Visit :
Flight/Vessel Name :

For Limited Stay Visa

Purpose of Limited Stay : Work Joint Family Social Others

Address in Indonesia :
City :
Province :
Phone Number : - -
Port of Entry into Indonesia :
Date of Entry : - - (DD-MM-YYYY)

II PERSONAL DATA

First Name :
Middle Name :
Family/Surname :

Sex : Male Female
Marital Status : Married Single

Place of Birth :
Date of Birth : - - (DD-MM-YYYY)

Nationality :
Address :
City :
Province/State :

Phone Number : - -
Profession : Professional Government Businessman
 Student Housewife Others

Name of Company/Institution :
Address :
City :
Province/State :
Phone Number : - -

III PASSPORT INFORMATION

Passport/Travel Document Number :

Place of Issue :

Date of Issue : - - (DD-MM-YYYY)

Date of Expiry/Valid Until : - - (DD-MM-YYYY)

Type of Passport : Personal Family

Please complete this section if your spouse and/or dependants included on your passport/travel document are travelling with you :

No.	Relation(s)	Sex	Date of Birth (DD-MM-YYYY)	Name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

Please use this code : Relation(s) : 1:Husband 2:Wife 3:Child
 Sex : F:Female M:Male

IV SPONSOR IN INDONESIA (IF ANY)

Type of Sponsor : Individual Government International Institution
 Company NGO Others

Name of Person/Institution :

Address :

City :

Province/State :

Phone Number : - -

V OTHER INFORMATION

Have you ever been to Indonesia before? : Yes No

Are you in possession of any other countries' travel documents? : Yes No

Do you have previous visa to enter Indonesia? : Yes No

Has your visa application been refused before? : Yes No

Have you ever been deported from Indonesia? : Yes No

Have you ever committed a crime or any offense? : Yes No

Return/Through Ticket/Airline Company :

Place of Issue :

Date of Issue : - - (DD-MM-YYYY)

Date of Expiry/Valid Until : - - (DD-MM-YYYY)

I hereby declare that the statements given above are true and I understand that even if granted a visa, the admission at the airport remains the discretion of the immigration authorities in Indonesia

Applicant's Signature

Washington, D.C., - - (DD-MM-YYYY)

Important Note :

- * To be completed in duplicate with two passport size photographs attached
- * Applicant's original signature is required
- * Passport must be valid for at least six months