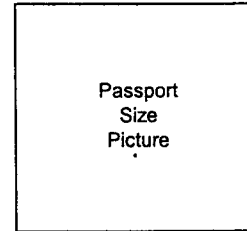


**EMBASSY OF THE REPUBLIC OF INDONESIA**  
 2020 MASSACHUSETTS AVENUE, N.W.  
 WASHINGTON, D.C. 20036  
 PHONE : (202) 775 5200, 775 5244 ; FAX: (202) 775 5315, 775 5365



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