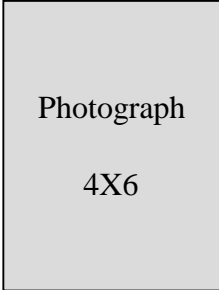


**THE CONSULATE GENERAL OF THE REPUBLIC OF INDONESIA
CAPE TOWN**



Date : - - (DD-MM-YYYY)



I. GENERAL

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

Type of Visa : Transit Single Visit

Multiple Visit Limited Stay

For Transit Purpose

Country of Destination :

Port of Departure :

Flight/Vessel Name :

For Visit Purpose

Purpose of Visit : Tourism Convention Family Visit

Sport Study Arts

Commercial others

Country Of Destination :

Place of Visit :

Flight/Vessel Name :

For Limited Stay Purpose

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 Name :
Sex : Male Female
Marital Status : Married Single
Place of Birth :
Date of Birth : - - (DD-MM-YYYY)
Nationality :
Address :
City :
Province/State :
Phone Number : - -
Occupation/Position : Professional Government Sales
 Student Housewife others
Name of Company :
Address :
City :
Province/State :
Phone Number : - -

III. PASSPORT INFORMATION

Passport/Travel Document Number :
Place of Issue :
Date of Issue : - - (DD-MM-YYYY)

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

Type of Passport : Personal Family

***Fill, if Type Passport Family:**

No.	Relative(s)	Sex	Date of Birth (DD-MM-YYYY)	Name:
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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*(Relative(s): 1= Husband, 2=Wife, 3=Child)

*(Sex: F= Female, M=Male)

IV. SPONSORSHIP IN INDONESIA

Type of Sponsor : Individual Government International Institution
 Company NGO others

Name Company :

Address :

City :

Province/State :

Phone Number :

- -

V. MISCELLANEOUS

Have you ever been to Indonesia? : Yes No

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

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

Have your visa application been denied before? : Yes No

Have you ever been forced to leave Indonesia? : Yes No

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

Return/Through ticket/Airline Company:

Place of Issue :

Date of Issue : — — (DD-MM-YYYY)

Date of Expire : — — (DD-MM-YYYY)

I hereby declare that the statements given above are true and I understand that even if granted a visa, Admission at the arirport remains the discretion of the Immigration authorities in Indonesia.

Applicant's Signature

..... — — (DD-MM-YYYY)

***To be Complete in duplicate with two photographs attached.
*Passport must be valid at least six months.**

