<u>VISA REQUISITION FORM</u>

Occupation / Position

Name of Company

Province / State Phone Number

Address

City

THE CONSULATE GENERAL OF THE REPUBLIC OF INDONESIA 5 EAST G8TH STREET . NEW YORK . NY . 10021 PHONE: 212.879.0600 FAX: 212.570.6206 [DD - MM - YYYY] Date I. GENERAL Day[s] Month[s] Length of Stay in Indonesia Year[s] Type of Visa Transit Single Visit **PHOTOGRAPH** Multiple Visit Limited Stay 2" X 2" For Transit Purpose Country of Destination Port of Departure Flight / Vessel Name For Visit Purpose Purpose of Visit Tourism Convention Family Visit Sports 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 [DD - MM - YYYY] Date of entry II. PERSONAL DATA First Name Middle Name Family / Surname Sex Male Female Marital Status Married Single Place of Birth [DD - MM - YYYY] Date of Birth Nationality Address City Province / State Phone Number

Professional

Student

Sales

Others

Government

Housewife

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^{*} To be completed in duplicate with two photographs attached.

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