

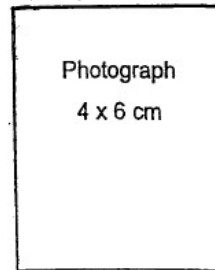
THE CONSULATE GENERAL OF  
THE REPUBLIC OF INDONESIA

236-238 MAROUBRA ROAD  
MAROUBRA NSW 2035  
TEL: 02 - 9344 9933  
FAX: 02 - 93497596



21 - 000 400 sy

VISA APPLICATION FORM



1. Date:       (DD-MM-YYYY)

GENERAL:

Length of stay in Indonesia:  Day(s)  Month(s)    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  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:   
Date of entry:       (DD-MM-YYYY)

2. 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:

Occupation/Position: Professional  Government  Sales   
Student  Housewife  Others

Name of company:   
Address:   
City:   
Province/State:   
Phone number:

**3. PASSPORT DETAILS:**

Passport/Travel document number:

Place of issue:

Date of issue:       (DD-MM-YYYY)

Date of expiry:       (DD-MM-YYYY)

Type of passport: Personal  Family

Please fill in below, if you have Family Passport:

No.	Relative(s)	Sex	Date of Birth (DD-MM-YYYY)	Name

(Relative(s) 1:Husband, 2:Wife, 3:Child / Sex F:female M:male)

**4. SPONSORSHIP IN INDONESIA:**

Type of sponsor: Individual  Government  International Institution   
 Company  NGO  Others

Name of company:

Address:

City:

Province/State:

Phone number:

**5. MISCELLANEOUS:**

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 denied before? Yes  No

Have you ever been forced to leave Indonesia? Yes  No

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

Return/Through ticket/Airline Company:

Place of issue:

Date of issue:

Date of expiry:

I hereby declare that the statements given above are true and I understand that even if granted a visa, admission at the airport remains the descretion of the Immigration Authorities in Indonesia.

Applicant's Signature

..... Date:       (DD-MM-YY)

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