



EMBASSY OF THE REPUBLIC OF INDONESIA
VIA CAMPANIA 53-55
TEL. 06 4200911
FAX. 06 4880280
00187 ROME, ITALY

VISA APPLICATION FORM FOR ENTRY INTO INDONESIA

1. Family name :
2. Given name :
3. Place & date of birth :
4. Nationality :
5. Passport No :
6. Date of expiry :

7. Name(s) of family members included in applicant's passport:

Name	Relationship	Sex	Place/date of birth
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.....

8. Profession :
9. Name of the company :
10. Address of the company :
11. Telephone and fax no :
12. References in Indonesia :

13. Purpose of visit : a. Transit g. Study
 b. Business h. Family visit
 c. Social i. Others
 d. Tourism
 e. Medical
 f. Sports

14. Duration of stay :

9. Port and date entry into Indonesia:

10. Places to visit in Indonesia :

11. Have your visa application for Indonesia ever been denied:

Have you ever been ordered to leave Indonesia:

Have you ever been arrested or convicted for a criminal act:

12. I hereby declare that:

- a. I realize that even though I possess a valid visa to Indonesia, permission for entry remains at the discretion of the Immigration authorities in Indonesia.
- b. During my visit to Indonesia I have to refrain from being engaged in any occupation paid or unpaid.
- c. During my visit to Indonesia I have to refrain from over staying.
- d. If I fail to comply with the above-mentioned requirements, I am liable to prosecution and expulsion.

I declare the above to be full and true statement.

Photo

Date,

Signature.....