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

Kedutaan Besar Republik Indonesia
Washington, D.C.

Application Number *(office use only)* : ☐☐☐☐ / ☐ / ☐☐☐☐

Date : ☐☐ – ☐☐ – ☐☐☐☐ (DD-MM-YYYY)

Passport Size Picture

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

(Limited Stay Visa) Not to be used for Tourist or Business travel. Please complete Visit 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
			— —	
			— —	
			— —	
			— —	
			— —	

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 possesion 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