

EMBASSY OF THE REPUBLIC OF INDONESIA SINGAPORE



VISA APPLICATION FORM

File	Number	:

ATTENTION! Please fill in all headings using CAPITAL LETTERS. Your application shall not be processed in case of error omission. Notes:

* Tick (√) where appropriate

I declare that all data given in this form is complete and true. I am aware that any false statements will lead to my application being rejected or to the annulment of visa already granted and may also render me liable to prosecution under Indonesian Law. I understand that possession of a visa does not entitle its bearer to enter Indonesia. I will not seek compensation if I am refused to enter Indonesia.

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1. Full Name Of Applicant (same as in passport) Place and Date of Birth Country of Origin Emergency contact of origin Marital Status		AEL I O★ Sex*: MM □F DOB. 01.01.1950 72-50-1111111 Vorce □ Widowed	Photo Passport Size
 Nationality Passport/ Travel Doc Number Place of issue Date of issue 	: TERUSALEM	03.01.2020	For official use Only: Tgl:
3. Occupation Name of Firm in Singapore Address of Firm 4. Address in Singapore (for Social & Tourist Visa Only) Contact number and email 5. Number of Entries?* Length of Intended stay Type of Visa?*	: RETIRED :	Entry	Sponsor:
6. Where will you be staying in	☐ Relative's Place ☐ Hote		() Petugas Counter Telah diberikan Visa Type :
7. Telex No. Name of Reference Address of Reference	E TO THE KING KSIC)	Indeks Visa : Nomor Visa : Lamanya Tinggal:
Have your application for Ind Have you ever been prohibite Have you ever been deported Have you ever been arrested	esia using different passport or name?* conesian Visa ever been denied?* ed from entering Indonesia?* d from any country including Indonesia?* or convicted of any criminal act?* please furnish details below:	☐ Yes ☑ No	H B T T I I I I I I I I I I I I I I I I I
) 3 ' N/S () Signature of Applicant	_	01. 01. 2017 Date	()