

**EMBASSY OF THE  
REPUBLIC OF INDONESIA  
ISLAMABAD**



Phone : 92-51-2832017-20  
 Fax : 92-51-2832013  
 Address : Diplomatic Enclave  
 Ramna 5/4 Islamabad

NUMBER :

DATE :  -  -  (DD-MM-YYYY)

Photograph

(3 x 4 cm)

**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** :

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 :  -  -  (DD-MM-YYYY)

Type of Passport :  Personal  Family

*Please mention if your husband/wife/children are accompanying you and have been entered in your travel document*

No.	Relation(s)	Sex	Date of Birth (DD-MM-YYYY)	Name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

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 possession of any 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 offence ? :  Yes  No

Return/Through Ticket/Airline Company :

Place of Issue :

Date of Issue :  -  -  (DD-MM-YYYY)

Date of Expiry :  -  -  (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

.....  -  -  (DD-MM-YYYY)

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