Embassy of the Republic of Indonesia
949 Schoeman Street, Arcadia 0083 - Pretoria
PO Box 13155, Hatfield 0028
Phone: (012) 342 3350/1/2 Fax: (012) 342 3369
E-mail: indonemb@intekom.co.za

Consulate General of the Republic of Indonesia
59-61 Loop Street, Cape Town
PO Box 10129, Caledon Square 7905
Phone: (021)423 2321 Fax: (021) 423 3205
E-mail: kjrict@intekom.co.za

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 ☐ Sport ☐ Study ☐ Art ☐ 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)

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 : ☐☐☐-☐☐☐-☐☐☐☐☐☐☐

Occupation/Position : ☐ Professional ☐ Government ☐ Sales ☐ Student ☐ Housewife ☐ Others

Name of Company :

Address :

City :

Province/State :

Phone Number : ☐☐☐-☐☐☐-☐☐☐☐☐☐☐

III. PASSPORT INFORMATION

Passport/Travel Document Number :

Place of Issue :

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

Date of Expire : ☐☐-☐☐-☐☐☐☐ (DD-MM-YYYY)

Type of Passport : ☐ Personal ☐ Family

**Fill, If Type of Passport Family* :

No:	Relative(s):	Sex:	date of Birth (DD,MM, YYYY):	Name:
☐		☐	☐☐-☐☐-☐☐☐☐	
☐		☐	☐☐-☐☐-☐☐☐☐	

☐ ☐ ☐ ☐☐-☐☐-☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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☐ ☐ ☐ ☐☐-☐☐-☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**(Relative(s): 1=Husband, 2=Wife, 3=Child)*
**(Sex: F=Female, M=Male)*

IV. SPONSORSHIP IN INDONESIA

Type of Sponsor : ☐ Individual ☐ Government ☐ International Institution ☐ Company ☐ NGO ☐ Others

Name of Company :

Address :

City :

Profince/State :

Phone Number : ☐☐☐-☐☐☐-☐☐☐☐☐☐☐☐

V. 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

Have your visa application been denied before : ☐ Yes ☐ No

Have you ever been forced to leave Indonesia : ☐ Yes ☐ No

Have you ever been committed a crime or any offence : ☐ Yes ☐ No

Return/Through Ticket/Airline Company :

Place of Issue :

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

Date of Expire : ☐☐-☐☐-☐☐☐☐ (DD-MM-YYYY)

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 discretion of the Immigration authorities in Indonesia

Applicant's Signature

.... ☐☐-☐☐-☐☐☐☐ (DD-MM-YYYY)

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