

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

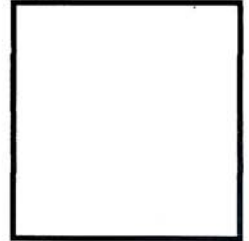


Consulate General of the Republic of Indonesia
59-61 Loop Street, Cape Town
PO Box 10129, Caledon Square 7905
Phone: (021)423 2321 Fax: (021) 423 3205
E-mail: kjriict@intekom.co.za

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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*Passport must be valid at least six months.