Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VISA APPLICATION FORM**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grandfather's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grandfather's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passports:

Passport Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport No.: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Issue: \_ \_ /\_ \_ /\_ \_ \_ \_ Valid Until: \_ \_ /\_ \_ /\_ \_ \_ \_

Day Month Year Day Month Year

Passport Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport No.: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Issue: \_ \_ /\_ \_ /\_ \_ \_ \_ Valid Until: \_ \_ /\_ \_ /\_ \_ \_ \_

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City & Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_Date of Birth: \_ \_ /\_ \_ /\_ \_ \_ \_

Day Month Year

Personal Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ since: \_ \_ /\_ \_ /\_ \_ \_ \_

Day Month Year

Date of Leaving the Country: \_ \_ /\_ \_ /\_ \_ \_ \_ Date of Entry to Israel: \_ \_ /\_ \_ /\_ \_ \_ \_

Day Month Year Day Month Year

Purpose of Journey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration of stay\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Places visited in Israel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Accommodations in Israel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Have you ever filed an application form - not through the Ministry of Foreign Affairs, for the purpose of visiting Israel, the Palestinian National Authority or the Gaza Strip - that was denied? **Yes / No.**

If yes - When was the application submitted? \_ \_ /\_ \_ /\_ \_ \_ \_

Day Month Year

Where was the application submitted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever simultaneously filed an application form to one of the Israeli authorities for the purpose of visiting Israel, the Palestinian National Authority or the Gaza Strip?  **Yes / No.**

If yes - When was the application submitted? : \_ \_ /\_ \_ /\_ \_ \_ \_

Day Month Year

Where was the application submitted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Do you intend to visit the West Bank or Gaza Strip? **Yes / No.**

If yes - please state where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Telephone Numbers:

Home: \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_ \_ \_ \_ \_ Work: \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_ \_ \_ \_ \_

Country City Tel. No. Country City Tel. No.

Cellphone Numbers: Mobile: \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_ \_ \_ \_ \_ Mobile: \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_ \_ \_ \_

Country City Tel. No. Country City Tel. No.

E-Mail Address (Capital Letter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address in Country of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If born OUTSIDE of country of residence - date of arrival: \_ \_ /\_ \_ \_ \_.

Month Year

Do you have an Israeli ID? **Yes / No.** If yes - ID number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_.

Countries visited in the past 5 years in the Middle East, Gulf, Africa, Malaysia and Indonesia:

Please note it is very important to fill in all the requested details. If there is not enough space, please continue on last page

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| **Country** | **Dates of visit** | **Purpose** | **Country** | **Dates of visit** | **Purpose** |
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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Countries where you have resided since birth BESIDES the current location:

Please note it is very important to fill in all the requested details. If there is not enough space, please continue on last page

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| **Country** | **(Since)Date** | **(Until)Date** | **Purpose** | **Address** |
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Dates of previous visits to Israel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Siblings

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| **Name** | **Family Name** | **Year of Birth** | **Address** |
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Relatives and Contacts in Israel:

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| **Full Name** | **ID No.** | **Address** | **Tel. No.** | **Nature of Relation:** |
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I hereby certify that the information given in this form is true, complete and accurate:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix:

Countries visited in the past 5 years: (continued)

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| **Country** | **Dates of visit** | **Purpose** | **Country** | **Dates of visit** | **Purpose** |
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Countries of residence more than 5 years ago: (continued)

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| **Country** | **(Since)Date** | **(Until)Date** | **Purpose** | **Address** |
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