

Getting Ready Checklist

TO COMPLETE THIS APPLICATION FORM, YOU WILL NEED:

- ✓ **Passport** It must be valid for *at least* 6 months after your intended departure date and *must* contain *at least* 2 consecutive blank pages.
- ✓ **Place of Accommodation** Your hotel information or invitation letter from your host
- ✓ **Intended Travel Dates** This information may change, but you should complete this application with your planned/estimated dates for now.

APPLICANT DETAILS

First Name		Last Name	
Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	
Are you known by any other names or aliases? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please provide the previously used name			Country of Birth
Current Citizenship (as indicated in Passport)		Previous Nationality (if different from above)	

EMPLOYMENT

Employment Status
 Employed Self Employed Teacher Military Personnel Homemaker Unemployed Student Retired

Monthly Income

TRIP DETAILS

Date of Entry	Date of Departure	Point of Entry	Duration of Stay
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TRAVEL HISTORY

Have you ever been refused a visa to this country before?
 No Yes, Please specify date, location, & reason

Have you ever been deported from or notified of a deportation order to leave this country?
 No Yes, Please specify date, location, & reason

Have you ever overstayed or stayed unlawfully in this country?
 No Yes

Provide list of countries you have visited in the past

FAMILY INFORMATION

Marital status
 Single Civic Union Domestic Partnership Legally Separated Other Married Widowed Divorced

REFERENCES

Company, please specify	Company, please specify
Family, please specify	Friend, please specify

PASSPORT / TRAVEL DOCUMENT

Passport Number	Passport Date of Issue	Passport Expiration Date
Place of Issue		
Do you hold any other passport/identity certificates (IC)? <input type="checkbox"/> No <input type="checkbox"/> Yes, <i>Please specify</i>		
Do you hold any other citizenship? <input type="checkbox"/> No <input type="checkbox"/> Yes, <i>Please specify</i>		

OTHER DETAILS

Do you or your relatives suffer from any infectious disease dangerous for public health? <input type="checkbox"/> No <input type="checkbox"/> Yes, <i>Please specify</i>
Have you ever been arrested and charged with any offense in any country and awaiting, or are currently on trial? <input type="checkbox"/> No <input type="checkbox"/> Yes, <i>Please specify</i>
Have you ever been involved in, supported, or encouraged terrorist activities in any country? <input type="checkbox"/> No <input type="checkbox"/> Yes, <i>Please specify</i>
Have you ever committed any criminal offence in any country? <input type="checkbox"/> No <input type="checkbox"/> Yes, <i>Please specify</i>
Have you been associated with any organization involved in criminal conduct? <input type="checkbox"/> No <input type="checkbox"/> Yes, <i>Please specify</i>

I have completed this form as accurately as possible. I realize that any typos or errors made on this form will also display on my E-Visa.
 I understand that an E-Visa that was received with errors will require a new submission and repayment of fees.

Applicant Signature	Date
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