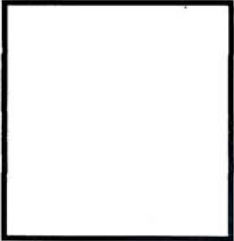


Embassy of the Republic of Indonesia  
 949 Schoeman Street, Arcadia 0083 - Pretoria  
 PO Box 13155, Hatfield 0028  
 Phone: (012) 342 3350/1/2 Fax: (012) 342 3369  
 E-mail: [indonemb@intekom.co.za](mailto:indonemb@intekom.co.za)



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](mailto: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:                |
|--------------------------|----------------------|--------------------------|--|----------------------|
| <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> | <input type="text"/> |

