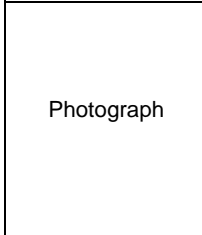


**THE EMBASSY OF THE REPUBLIC OF INDONESIA
IN MOSCOW - RUSSIAN FEDERATION**

NOVOKUZNETSKAYA ULITSA NO. 12, MOSCOW
PHONE: (07-095) 951-9549/50/51
FACSIMILE: (07-095) 230-6431



DATE : (DD-MM-YYYY)



I. 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 Sports
 Study Arts 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 Divorced Widow (er)
Place of Birth :
Date of Birth : - - (DD-MM-YYYY)
Nationality :
Address :
City :
Province/State :
Phone Number : - -
Occupation/Position : Professional Government Sales
 Student House-wife Others
Name of Company :
Address :
City :
Province/State :
Phone Number : - -

III. PASSPORT INFORMATION

Passport/Travel Document No. :
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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*(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 :

Province/State :

Phone Number : - -

IV. MISCELLANEOUS

Have you ever been to Indonesia before? : Yes No
 Are you in possession of any other countries's travel documents? : Yes No
 Did you have previous visa to enter Indonesia? : Yes No
 Have your visa applications 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 2 (two) photographs attached**
*** Passport must be valid at least 6 (six) months.**