

Embassy of the Republic of Indonesia
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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. PESONAL DATA

First Name	:	
Midle 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:
☐		☐		
☐		☐		

*(Sex: F=Female, M=Male)

*Passport must be valid at least six months.