



CONSULATE OF URUGUAY

PRETORIA

1119 BURNETT ST.
MIB HOUSE - 3rd FLOOR
HATFIELD 0083

P.O.BOX 3247
PRETORIA
0001

TEL: (012) 362 65 21/2
FAX: (012) 362 65 23

VISA APPLICATION

FULL NAMES: _____

NATIONALITY: _____

PLACE & DATE OF BIRTH: _____

PROFESSION: _____

CIVIL STATUS: MARRIED DIVORCED WIDOWED SINGLE

NAME OF SPOUSE: _____

PERMANENT ADDRESS: _____

TELEPHONE NO: _____

NAME AND ADDRESS OF EMPLOYER: _____

TELEPHONE NO: _____

PASSPORT NO: _____ OF (COUNTRY) _____

PLACE AND DATE OF ISSUE: _____

EXPIRE DATE: _____

DATE OF DEPARTURE SOUTH AFRICA: _____

DATE OF ARRIVAL URUGUAY: _____

DATE OF DEPARTURE URUGUAY: _____

PURPOSE OF VISIT TO URUGUAY: _____

RESIDENTIAL ADDRESS URUGUAY: _____

BUSINESS/PERSONAL REFERENCES IN URUGUAY: _____

SIGNATURE APPLICANT

SIGNED AT _____ ON THE _____ OF _____

VISA VALID FOR SINGLE ENTRY ONLY FOR 90 DAYS FROM DATE OF ISSUE.

REQUIREMENTS: VALID PASSPORT, 1 PASSPORT SIZE PHOTOGRAPH, RETURN AIR TICKET, VISA OF COUNTRY OF DESTINATION.

US\$ 42,00 OR EQUIVALENT IN RAND (ACCORDING TO EXCHANGE RATE OF THE DAY)
PLEASE ALLOW FROM TWO WORKING DAYS TO TWO WEEKS DEPENDING ON
PASSPORT.