



TEL: 011 391 7600 / 011 391 2648 / 011 391 6105

After Hours Emergency Number 082 695 8632

www.exclusiveglobalvisas.co.za

USA VISA APPLICATION FORM

Please use this form as a guideline in order for Exclusive Global Visas to complete your online application.

In order to avoid delays in uploading this application we request that you complete each question IN FULL.

PERSONAL INFORMATION

SURNAME	<input type="text"/>		
GIVEN NAME	<input type="text"/>		
PREVIOUS NAME IF ANY	<input type="text"/>		
GENDER	<input type="text"/>	MARITAL STATUS	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	CITY OF BIRTH	<input type="text"/>
PROVINCE OF BIRTH	<input type="text"/>	COUNTRY OF BIRTH	<input type="text"/>
NATIONALITY	<input type="text"/>	ID NUMBER	<input type="text"/>
OTHER NATIONALITIES (IF ANY)	<input type="text"/>		

TRAVEL INFORMATION

PURPOSE OF VISIT	<input type="text"/>			
HAVE YOU MADE SPECIFIC TRAVEL PLANS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
INTENDED DATE OF TRAVEL (DAY, MONTH, YEAR)	<input type="text"/>			
DURATION OF STAY (DAYS):	<input type="text"/>			

ADDRESS WHERE YOU WILL BE STAYING IN USA

STREET NUMBER	<input type="text"/>		
STREET NAME	<input type="text"/>		
CITY	<input type="text"/>		
STATE/PROVINCE	<input type="text"/>	POSTAL CODE	<input type="text"/>
COUNTY/REGION	<input type="text"/>		

SPONSOR DETAILS- WHO WILL BE COVERING THE COST OF YOUR TRIP?

ORGANISATION	<input type="text"/>
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GIVEN NAMES

SURNAME

RELATIONSHIP TO APPLICANT

ADDRESS

CONTACT NUMBER

WHY ARE THEY COVERING THE COSTS OF YOUR TRIP?

TRAVEL COMPANIONS:

ARE THERE ANY PEOPLE TRAVELLING WITH YOU? IF YES, PLEASE PROVIDE DETAILS BELOW

SURNAME

FIRST NAME

RELATIONSHIP TO YOU

ARE YOU TRAVELLING AS PART OF A GROUP OR ORGANISATION?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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IF YES, NAME OF GROUP OR ORGANISATION

SECTION 3- TRAVEL HISTORY

HAVE YOU EVER BEEN TO THE USA?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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IF YES PLEASE PROVIDE A COPY OF YOUR PREVIOUS USA VISA AND COMPLETE DETAILS BELOW

PREVIOUS VISA NUMBER ISSUE DATE

EXPIRY DATE

DETAILS OF PREVIOUS 5 VISITS:

DATE ARRIVED	
LENGTH OF STAY	
PURPOSE OF VISIT	
DATE ARRIVED	
LENGTH OF STAY	
PURPOSE OF VISIT	
DATE ARRIVED	
LENGTH OF STAY	
PURPOSE OF VISIT	
DATE ARRIVED	
LENGTH OF STAY	
PURPOSE OF VISIT	

ADDRESS INFORMATION:

RESIDENTIAL ADDRESS (LINE 1)			
RESIDENTIAL ADDRESS (LINE 2)			
CITY		POSTAL CODE	
STATE/PROVINCE			
COUNTRY			
MAILING ADDRESS (LINE 1)			
MAILING ADDRESS (LINE 2)			
CITY		POSTAL CODE	
STATE/PROVINCE			
COUNTRY			

CONTACT INFORMATION:

CONTACT NUMBER(CELL)	
CITY	
STATE/PROVINCE	
POSTAL CODE	

COUNTRY

SOCIAL MEDIA PRESENCE- PROVIDE DETAILS OF ANY SOCIAL MEDIA PRESENCE

	PLATFORM (EG. FACEBOOK)	IDENTIFIER (EG. JOHN SMITH)
PLATFORM 1	<input type="text"/>	<input type="text"/>
PLATFORM 2	<input type="text"/>	<input type="text"/>
PLATFORM 3	<input type="text"/>	<input type="text"/>
PLATFORM 4	<input type="text"/>	<input type="text"/>
PLATFORM 5	<input type="text"/>	<input type="text"/>
PLATFORM 6	<input type="text"/>	<input type="text"/>

PASSPORT INFORMATION:

PASSPORT TYPE	<input type="text" value="ORDINARY/DIPLMATIC/OFFICIAL"/>
COUNTRY OF ISSUE	<input type="text"/>
PROVINCE/STATE OF ISSUE	<input type="text"/>
DATE OF ISSUE	<input type="text"/>
DATE OF EXPIRY	<input type="text"/>

HAVE YOU EVER LOST A PASSPORT OR HAD ONE STOLEN? IF YES, PLEASE PROVIDE DETAILS:

PREVIOUS PASSPORT NUMBER:	<input type="text"/>
DATE OF ISSUE	<input type="text"/>
DATE OF EXPIRY	<input type="text"/>
DETAILS	<input type="text"/>

USA POINT OF CONTACT INFORMATION

SURNAME	<input type="text"/>
GIVEN NAME	<input type="text"/>
ORGINISATION NAME	<input type="text"/>
RELATIONSHIP TO YOU	<input type="text"/>
STREET ADRESS (LINE 1)	<input type="text"/>
STREET ADRESS (LINE 2)	<input type="text"/>
CITY	<input type="text"/>
STATE/PROVINCE	<input type="text"/>

POSTAL CODE

CONTACT NUMBER

EMAIL ADDRESS

FAMILY INFORMATION

PARENT'S DETAILS

	FATHER	MOTHER
SURNAME	<input type="text"/>	<input type="text"/>
GIVEN NAME	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	<input type="text"/>
IS YOUR FATHER IN USA?	<input type="text"/>	<input type="text"/>
IF YES? IMMIGRATION STATUS	<input type="text"/>	<input type="text"/>

SPOUSE DETAILS:

<input type="checkbox"/> MARRIED	<input type="checkbox"/>	<input type="checkbox"/> WIDOWED	<input type="checkbox"/>
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SURNAME

MAIDEN SURNAME

GIVEN NAMES

DATE OF BIRTH

CITY OF BIRTH

COUNTRY OF BIRTH

STREET ADDRESS (LINE 1)

STREET ADDRESS (LINE2)

CITY

STATE/PROVINCE

POSTAL CODE

PROVINCE

COUNTRY/REGION

DETAILS OF ANY PREVIOUS MARRIAGES:

NUMBER OF PREVIOUS SPOUSE'S

FULL NAME

SURNAME

NATIONALITY

DATE OF BIRTH

DATE OF MARRIAGE

REASON MARRIAGE ENDED

DATE OF MARRIAGE ENDED

DO YOU HAVE ANY OTHER IMMEDIATE RELATIVES, NOT INCLUDING PARENTS, IN THE USA?IF YES,

SURNAME

GIVEN NAME

RELATIONSHIP TO YOU

RELATIVE'S STATUS

SURNAME

GIVEN NAME

RELATIONSHIP TO YOU

RELATIVE'S STATUS

SURNAME

GIVEN NAME

RELATIONSHIP TO YOU

RELATIVE'S STATUS

WORK/EDUCATION/TRAINING INFORMATION

DETAILS OF CURRENT EMPLOYMENT OR STUDIES:

PRIMARY OCCUPATION

PRESENT EMPLOYER OR SCHOOL

STREET ADDRESS (LINE 1)

STREET ADDRESS (LINE 2)

CITY

STATE/PROVINCE

POSTAL CODE

CONTACT NUMBER

COUNTRY/REGION

START DATE

MONTHLY INCOME

BRIEFLY DESCRIBE YOUR DUTIES:

DETAILS OF PREVIOUS EMPLOYERS FOR THE LAST 5 YEARS:

EMPLOYER NAME

STREET ADDRESS (LINE 1)

STREET ADDRESS (LINE 2)

CITY

STATE/PROVINCE

POSTAL CODE

PHONE NUMBER

COUNTRY/REGION

JOB TITLE

SUPERVISORS SURNAME

SUPERVISORS GIVEN NAME

EMPLOYMENT DATE (FROM)

EMPLOYMENT DATE (TO)

EMPLOYER NAME

STREET ADDRESS (LINE 1)

STREET ADDRESS (LINE 2)

CITY

STATE/PROVINCE

POSTAL CODE

PHONE NUMBER

COUNTRY/REGION

JOB TITLE

SUPERVISORS SURNAME

SUPERVISORS GIVEN NAME

EMPLOYMENT DATE (FROM)

EMPLOYMENT DATE (TO)

HAVE YOU ATTENDED ANY EDUCATIONAL INSTITUTIONS AT A SECONDARY LEVEL OR ABOVE? IF YES,

INSTITUTION 1:

NAME OF INSTITUTION

STREET ADDRESS(LINE 1)

STREET ADDRESS(LINE 2)

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY/REGION

COURSE OF STUDY

DATE OF ATTENDANCE(FROM)

DATE OF ATTENDANCE(TO)

NAME OF INSTITUTION

INSTITUTION 2:

STREET ADDRESS(LINE 1)

STREET ADDRESS(LINE 2)

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY/REGION

COURSE OF STUDY

DATE OF ATTENDANCE(FROM)

DATE OF ATTENDANCE(TO)

**PROVIDE THE FOLLOWING WORK, EDUCATION OR TRAINING RELATED INFORMATION.
INFORMATION PROVIDED MUST BE COMPLETE AND ACCURATE.**

DO YOU BELONG TO A TRIBE OR CLAN: YES NO

IF YES, NAME OF TRIBE OR CLAN

PLEASE PROVIDE A LIST OF THE LANGUAGES YOU SPEAK:

COUNTRIES TRAVELLED TO IN THE LAST **FIVE** YEARS:

HAVE YOU BELONGED TO OR CONTRIBUTED OR WORKED FOR ANY PROFESSIONAL SOCIAL OR CHARITABLE ORGANIZATION? IF YES, PLEASE PROVIDE DETAILS.

DO YOU HAVE ANY SPECIALISED SKILLS OR TRAINING SUCH AS FIREARMS, EXPLOSIVES, NUCLEAR, BIOLOGICAL OR CHEMICAL EXPERIENCE? IF YES, PLEASE PROVIDE DETAILS:

HAVE YOU EVER SERVED IN THE MILITARY? IF YES

COUNTRY OF SERVICE

BRANCH OF SERVICE

RANK/POSITION

MILITARY SPECIALITY

DATE OF SERVICE (FROM)

DATE OF SERVICE (TO)

HAVE YOU EVER SERVICED IN, BEEN A MEMBER OF, OR BEEN INVOLVED WITH A PARAMILITARY UNIT, REBEL GROUP, GUERRILLA GROUP OR INSTANT ORGANIZATION? IF YES, PROVIDE DETAILS:

SECURITY AND BACKGROUND INFORMATION

Note: Provide the following security and background information.

Provide complete and accurate information to all questions that require an explanation.

A visa may not be issued to persons who are within specific categories defined by as inadmissible

to the United States (except when a waiver is obtained in advance).

Are any of the following applicable to you? If so, please provide a full explanation at the end of this form.

	YES	NO
Do you have a communicable disease of public significance? These include chancroid, gonorrhoea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active Tuberculosis and/or any other diseases as determined by The Department of Health and Human Services.		
Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?		
Are you or have you ever been a drug abuser or addict?		
Are you the spouse, son or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities?		
Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States?		
Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?		
Have you ever or do you intend to provide financial assistance to terrorists or terrorist organisations?		
Are you a member or representative of a terrorist organisation?		
Have you ever ordered, incited, committed, assisted or otherwise participated in genocide?		
Have you ever ordered, incited, committed, assisted or otherwise participated in torture?		
Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty or other similar action?		
Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances?		
Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have been engaged in prostitution or procuring prostitutes within the past 10 years?		
Have you ever been involved in, or do you seek to engage in money laundering?		
Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States?		

Have you ever knowingly aided, abetted, assisted or colluded with an individual who has committed, or conspired to commit a severe human trafficking offense in the United States or outside of the United States?		
Have you ever ordered, incited, committed, assisted or otherwise participated in extrajudicial killings, political killings, or other acts of violence?		
Have you ever engaged in the recruitment or the use of child soldiers?		
Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?		

ADDITIONAL INFORMATION: IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE

A FULL EXPLANATION BELOW:

TRAVELLER DECLARATION:

	YES	APPLICANT SIGNATURE
I HEREBY CONFIRM THAT THE ABOVE INFORMATION HAS BEEN PROVIDED BY MYSELF AND, ACCORDING TO MY BEST KNOWLEDGE, IS COMPLETE AND ACCURATE.		
I UNDERSTAND THAT VISA FEES ARE NON-REFUNDABLE ONCE PAID TO THE ISSUING AUTHORITY.		
I UNDERSTAND THAT THE GRANTING OF A VISA AND THE DURATION OF THE VISA IS ENTIRELY AT THE DISCRETION OF THE VISA OFFICER		

This is regarded as my digital signature

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complete
each question IN FULL.***