

签证申请表

UNITED ARAB EMIRATES
MINISTRY OF INTERIOR
NATURALIZATION & IMMIGRATION
DEPARTMENT

IN THE NAME OF ALLAH



PHOTO

U. A. E EMBASSY / CONSULATE IN: _____

VISIT VISA APPLICATION FORM

PARTICULARS OF APPLICANT:

FULL NAME: _____ FATHER'S NAME: _____ MOTHER'S NAME: _____
(MR. / MRS. / MISS) PLACE OF BIRTH: _____ DATE OF BIRTH: _____
NATIONALITY: _____ PASSPORT NO.: _____ CATEGORY: _____
PROFESSION: _____ (ORDINARY/TRAVEL DOCUMENT)
PLACE OF ISSUR: _____ DATE OF ISSUE: _____ DATE OF EXPIRY: _____

ACCOMPANIED BY

	NAME	RELATIONSHIP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

PERMANENT ADDRESS: _____

PURPOSE OF ENTRY: _____

RELATIONSHIP BETWEEN SPONSOR & APPLICANT: _____

DATE: _____ SIGNATURE OF APPLICANT _____

PARTICULARS OF SPONSOR

FULL NAME: _____ NATIONALITY: _____
PROFESSION: _____ OFFICE ADDRESS: _____
PASSPORT NO: _____ OFFICE TEL: _____

RESIDENCE ADDRESS:

EMIRATE: _____ AREA: _____ STREET: _____
RES. TEL. NO.: _____

I HEREBY UNDERTAKE THAT THE PARTICULARS IN THIS FORM ARE TRUE AND THAT THE SPONSORED WILL BE FOLLOWING THE RULES AND REGULATIONS. I ALSO UNDERTAKE TO PAY THE COST OF REPATRIATING HIM IF REQUIRED.

DATE: _____

SIGNATURE OF THE SPONSOR