



Application for Netherlands Antilles Visa

This application form is **FREE** of charge

5x4 cm.

Write name and
date of birth at the
back

DO NOT AFFIX

TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM

| | | |
|---|--|--|
| 1. SURNAME(S) as stated in passport | | SPACE FOR USE BY EMBASSY / CONSULATE ONLY D a t e f i n g : File processed by: Supporting documents: <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transportation <input type="checkbox"/> Health/Travel insurance <input type="checkbox"/> Other : |
| 2. GIVEN NAME(S) as stated in passport | | |
| 3. OTHER SURNAME(S) (at birth, etc.) | | |
| 4. DATE OF BIRTH (year-month-day) | 5. IDENTIFICATION NUMBER | |
| 6. PLACE AND COUNTRY OF BIRTH | | |
| 7. CURRENT NATIONALITY | 8. ORIGINAL NATIONALITY (at birth) | |
| 9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | 10. MARITAL STATUS : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other | |
| 11. FATHER'S NAME | 12. MOTHER'S NAME | |
| 13. TYPE OF PASSPORT: <input type="checkbox"/> National passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 Convention) <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please specify): | | |
| 14. Passport Number | 15. Issued by | |
| 16. Date of issue | 17. Valid until | |
| 18. If you reside in a country other than your country of origin, do you have permission to return to that country? <input type="checkbox"/> No <input type="checkbox"/> Yes, (permit number and validity) | | |
| 19. PRESENT OCCUPATION | | |
| 20. Name, address and telephone number of employer. For students, name and address of institution. | | |
| 21. Visa : <input type="checkbox"/> Individual <input type="checkbox"/> Collective | | Visa : <input type="checkbox"/> Refused <input type="checkbox"/> Granted Characteristics of Visa : <input type="checkbox"/> B <input type="checkbox"/> C |
| 22. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Multiple entries | 23. Duration of stay: _____ days | Number of entries : <input type="checkbox"/> 1 <input type="checkbox"/> Multiple |
| 24. Other visas (issued during the past three years) and their period of validity | | Valid from To |
| 25. In the case of transit, do you have a valid ticket and the necessary documentation, to enter the country of final destination? <input type="checkbox"/> No <input type="checkbox"/> Yes ,which and valid until: _____ Issuing authority: _____ | | |
| 26. Previous visits/stays to/in Antilles | | |

| | | |
|---|-----------------------------------|--|
| 27. Purpose of your trip <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visit to Family <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please specify): | | FOR EMBASSY / CONSULATE USE ONLY |
| 28. Date of arrival | 29. Date of departure | |
| 30. Means of transportation | | |
| 31. Name of host or host company in Antilles. If not applicable, state name of hotel or temporary address in Antilles | | |
| Name | Telephone and telefax | |
| Complete address | e-mail address | |
| 32. Who pays for your trip and maintenance during your stay? <input type="checkbox"/> Applicant <input type="checkbox"/> Guarantor <input type="checkbox"/> Host company. | | |
| 33. Means of support during your stay <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Other: <input type="checkbox"/> Travel and/or health insurance. Valid until: | | |
| 34. Spouse's name | 35. Spouse's name at birth | |
| 36. Spouse's given name | 37. Spouse's date of birth | |
| 39. Children (Applications <u>must</u> be submitted separately for each passport) | | |
| Name | Given name | Date of birth |
| 1 | | |
| 2 | | |
| 3 | | |
| 40. Personal data of the Antilles citizen you depend on. | | |
| Name | | Given name |
| Family relationship : | | |
| 41. I declare I am aware of and consent to the following: the personal data stated on this visa application form will be supplied to the competent authorities of Antilles or, if necessary, be processed by them for the purpose of a decision on my visa application. Such data may be fed into, and stored in, databases accessible to the competent authorities in Antilles. At my express request, the consular authority processing my application will inform me of the manner in which I may exercise my right to verify these data and have them altered or deleted, in particular, if they are inaccurate, in accordance with the national law of Antilles. I declare that to my knowledge all data supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the withdrawal of a visa already granted and may also render me liable to prosecution under the law of Antilles. I undertake to leave Antilles upon expiry of the visa, if granted. I have been informed that possession of a visa is only one of the conditions for entry into Antilles. The fact that a visa has been granted to me does not automatically mean I will be entitled to compensation if I am refused entry into Antilles. Upon entry into Antilles, it will be verified again whether the conditions for entry/admission have been met. | | |
| 42. Applicant's home address | | 43. Telephone number |
| 44. Place and date | | 45. Signature (for minors, signature of custodian/guardian) |