

Embajada de Guatemala República de India

VISITOR VISA APPLICATION FOR TOURIST Ministry of Foreign Affairs Guatemala C. A.

| Visa No.: | |
|------------|------|
| Code: | |
| Valid for: | |
| Date: | |

This form must be completed in full.

Any false statement or presentation of false documents, disables the declarant to obtain the visa for Guatemala.

| a) | Name: | | | | |
|-------------|--|----------------------------|---------|----|----------|
| b) | Date and place of birth: | | | | |
| c) | Nationality: d |) Profession or occupation | 1: | | |
| e) | Marital status: | f) Sex: M | F | | |
| g) | Home Address: | | | | <u> </u> |
| h) | Home telephone No: | Cell Phone: | ID: | | |
| i) | Passport Number: | Date of Issue: | Expiry: | | |
| | | | | | |
| | | | | | |
| a) I | Name of the company you work: | | | | |
| b) | Position held: | | | | |
| c) S | Salary and monthly income: | | | | |
| d) / | Address where you work: | | | | |
| | | | | | |
| e) \ | Work phone: | Extn: | | | |
| | mail: | | | | |
| | | | | | |
| | | | | | |
| a) <i>i</i> | Address in Guatemala: | | | | |
| b) | Do you have relatives or friends in Guat | emala: YES | | NO | |
| | dicate relationship and occupation) | | | | |
| | Reason for travel/visit to Guatemala: | | | | |
| | Scheduled date of visit to Guatemala: _ | | | | |
| e) I | How long do you intend to be in the cou | ntry: | | | |
| | lave you visited Guatemala before: YES | | | | |
| | | (indicate date and reason | | | |
| g) \ | What other countries have you visited | | | | |
| | | | | | |
| | | | | | n. |
| | | | | | |
| | | | | | |
| Sig | nature of Applicant: | | | | |
| | | | (city) | | (date) |



Embajada de Guatemala República de India

| Mutual Assistance Cooperation Guatemala | Business Exchange Presence at events | |
|---|--------------------------------------|-------------|
| my view the applicant provided sufficien give a visitor visa/tourist: single deny the visa application. | | |
| EMARKS: | | Photo 4 x 4 |
| | | |
| Signature and seal of | - 1 | |