



Place for
photograph
(To be pasted)

APPLICATION FORM FOR VISA TO CHILE

(To be typed in block letters)

(1) Name of the Applicant : Mr./Ms. _____

(2) Nationality : _____ (3) Date of Birth : _____

(4) Passport No./Place&Date of issue/expiry : _____

(5) Marital Status : _____ (6) Children, No.&Age : _____

(7) Profession : _____ (8) Place of work : _____

(9) Res. Address : _____

Phone : _____

(10) Details of families abroad : _____
(Such as name & country) _____

(11) Families or friends in Chile : _____

(12) Details of Contact in Chile :

i) Name : _____

ii) Nationality : _____ iii) Date of Birth : _____

iv) Marital Status : _____ v) Res. Address : _____

Phone : _____

vi) Activity/Occupation : _____

vii) Place of work, name & address : _____

Phone : _____

viii) Connection with the Contact in Chile : _____

(P.T.O)

13. Purpose of visit : _____

14. Type of visa applied for : _____

15. No. of entries (In case of Multiple Visa) : _____

16. Period of stay in Chile (number of days to be indicated) : _____
(In case of multiple entry, please specify the period of stay in each visit)

17. Address in Chile : _____

18. Have or had you any contacts with
Chilean citizens residing in India (Yes/No) : _____

If Yes, please give Name, : _____
Address, Tel. etc _____

19. Flight (or other mode of entry)
Particulars to Chile : _____

Departure and Arrival Flight No. : _____

Place : _____ Date : _____
Time : _____

NOTE .- If a foreign tourist in Chile violates the regulations governing the foreigners, he/she can be expelled from the country. Similarly in case of non compliance of the duration of stay in Chile, as has been authorized in the Visa, the tourist and/or his/her sponsor are/is liable to pay a fine of approx. US\$ 80 per day for the additional stay in Chile.

I do declare under oath, of not being subject to expulsion or being debarred from entering into Chile, enforced by the Interior Ministry of Chile. As a penalty, I may not be admitted into the country, in case I do not abide by my above declaration.

(Signature of the applicant)

Date : _____