



DRAFT CHINA VISA APPLICATION FORM

PERSONAL INFO	<u> JRMATION</u>			
FAMILY NAME:				
GIVEN NAME:_				
DATE OF BIRTH	DATE OF BIRTH:GENDER:			
MARITAL STAT	U <u>S</u>			
		edWidow	edOthers	
PLACE OF BIRTI	<u> </u>			
COUNTRY:	PROVINCE:			
CITY:	NATIONALITY:			
PASSPORT				
TYPE OF PASSPO	ORT:			
Ordinary	_Diplomat	Official		
ISSUING COUNT	ΓRY:			
PLACE OF ISSUE	:•			
EXPIRATION DA	TE:			
PASSPORT NUM	1BER:			
VISA				
TYPE OF VISA				
TYPE OF SERVIC	Œ:			
Normal	Express	Rus	h	
ENTRIES:				
Single	Double	Mul	ltiple	
WORK INFORM	ATION			
	Company EmployeeUnemployed		Unemployed	
			Others	





WORK EXPERIENCE		
COMPANY NAME:		
START DATE:(MM/DD/YYYY)		
UP TO: (MM/DD/YYYY)		
COMPANY ADDRESS:	TEL. NO	
POSITION:		
SUPERVISOR NAME:	TEL. NO	
EDUCATION		
NAME OF SCHOOL:		
DIPLOMA/DEGREE:	MAJOR:	
FAMILY INFORMATION		
ADDRESS:		
TEL NO.	MOBILE NO	
EMAIL ADDRESS:		
<u>SPOUSE</u>		
LAST NAME:	FIRST NAME:	
	OCCUPATION:	
DATE OF BIRTH:	COUNTRY OF BIRTH	
ADDRESS:		
<u>FATHER</u>		
LAST NAME:	FIRST NAME:	
NATIONALITY:	OCCUPATION:	
DATE OF BIRTH:	COUNTRY OF BIRTH	
ADDRESS:		
MOTHER		
LAST NAME:	FIRST NAME:	
	OCCUPATION:	
	COUNTRY OF BIRTH	
ADDRESS:		





CHILD	
LAST NAME:	FIRST NAME:
	OCCUPATION:
	COUNTRY OF BIRTH
ADDRESS:	
(PLEASE WRITE ON A SEPARATE SHEET OF PA	APER IF MORE THAN 1 CHILD)
INFORMATION OF YOUR TRIP	
DATE OF ARRIVAL	CITY OF ARRIVAL
	CITY OF DEPARTURE
INVITING PERSON OR ORGANIZATI	ON
NAME OF PERSON	<u>ON</u>
ORGANIZATION:	
RELATIONSHIP:	TEL. NO
EMAIL ADDRESS:	
EMERGENCY CONTACT	DELATIONICHID:
	RELATIONSHIP: _EMAIL:
TEL.NO.	_LIVIAIL.
WHO WILL PAY FOR THIS TRAVEL	
NAME:	RELATIONSHIP:
	_EMAIL:
PAST TRAVEL INFORMATION	
	VISA 2 VES NO
TYPE OF VICA.	VISA? YESNONONUMBER OF VISA:
DIACE OF ISSUE:	DATE OF ISSUE:
	TED? YESNO
DO YOU CURRENTLY HOLD ANY VAL	
COUNTRIES?	
HAVE YOU TRAVELLED TO ANY OTH	
MONTHS?	