



DOMINICAN REPUBLIC

Ministry of State for Foreign Affairs
CONSULAR DEPARTMENT

VISA APPLICATION FORM

Photo

1. Surnames

1.1 Surnames (as appears in passport)	1.2 Other surnames used (maiden, married, etc.)
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2. Names

2.1 First and middle names (as appears in passport)	2.2 Other names used (religious, professional, alias, nicknames, etc.)
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3. Birth and nationality information

3.1 Country of birth	3.2 Province/State	3.3 Locality/City/District
3.4 Date of birth (dd/mm/yyyy)	3.5 Primary nationality	3.6 Secondary nationality (if applicable)

4. Sex, occupation and education

4.1 Sex	4.2 Highest academic degree attained	4.3 Occupation
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5. Current location (residence)

5.1 Country	5.2 Province/State	5.3 Locality/City/District			
5.4 Street name (address)	5.5 No.	5.6 Floor	5.7 Staircase	5.8 Door	5.9 Post/Zip code
5.10 Home telephone number	5.11 Mobile telephone number (cellphone)	5.12 Work telephone number	5.13 Fax Number		
5.14 Personal e-mail	5.15 Professional / Work e-mail				

6. Passport information

6.1 Passport number	6.2 Country of issue	6.3 City or State where passport was issued
6.4 Issuing country	6.5 Date of issue (dd/mm/yyyy)	6.6 Expiration date (dd/mm/yyyy)

7. Personal identity documents

7.1 Country of document	7.2 Type of document	7.3 Document number	7.4 Expiration date (dd/mm/yyyy)
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8. Marital status and spouse's information

8.1 Marital status	8.2 Name of spouse (even if divorced)	8.3 Spouse's date of birth (dd/mm/yyyy)	8.4 Spouse's nationality
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9. Length of stay in the Dominican Republic and purpose of visit

9.1 On what date do you plan to travel? (dd/mm/yyyy)	9.2 For how many days?	9.3 What is the purpose of the visit? ___ Pleasure ___ Studies ___ Business ___ Work ___ Dependence ___ Official ___ Diplomatic ___ Residence ___ Courtesy ___ Other(_____)
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10. Name and location where you will stay in the Dominican Republic

10.1 Name (of hotel or person you will stay with)	10.2 Telephone number	10.3 Mobile telephone number (cellphone)
10.4 In which province?	10.5 City/Locality	10.6 Sector or neighborhood
10.8 Name of the street or avenue (address)	10.8 Number	10.9 Post/Zip code

11. Employer and/or educational institution information

11.1 Activity	11.2 Name of institution	11.3 Telephone number	11.4 Address

12. Other than yourself, will anyone pay for your travel expenses? (If self, do not complete)

12.1 Name	12.2 Relationship

13. Have you ever visited the Dominican Republic? ____ Yes ____ No (If "Yes", please answer questions to the right, starting from the most recent visit)	13.1 Date of travel (dd/mm/yy)	13.2 How many days?

14. Have you even been issued a visa to the Dominican Republic? ____ Yes ____ No
 (If "Yes", please specify the following information for each visa)

14.1 Date (dd/mm/yyyy)	14.2 Country of issue	14.3 City	14.4 Type of visa	14.5 Visa number

Note: Please only include information that may be proved at the time of this application.

15. Visas granted by other countries

15.1 Issuing country	15.2 Country where it was issued	15.3 Date of expiry (dd/mm/yyyy)	15.4 Type of visa	15.5 Visa number

Note: Please only include information that may be proved at the time of this application.

16. Have you ever had your visa cancelled or revoked by the Dominican Republic? ____ Yes ____ No
17. Have you ever been denied a Dominican visa? ____ Yes ____ No
 (If "Yes" please specify the following)

17.1 Date (dd/mm/yyyy)	17.2 Country	17.3 State/City	17.4 Type of visa

18. Do you intend to work or study in the Dominican Republic? ____ Yes ____ No
 (If "Yes", please specify the activity, name and details of employer or place of study in the Dominican Republic)

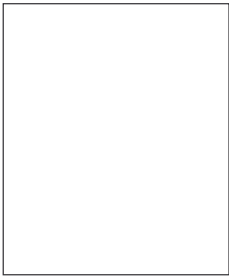
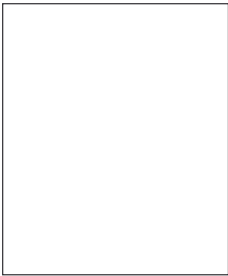
18.1a Type of activity		18.2a Name (person, company or educational institution)		18.3a Telephone number	
18.4a Province	18.5a Locality/City	18.6a Street		18.7a Number	
18.1b Type of activity		18.2b Name (person, company or educational institution)		18.3b Telephone number	
18.4b Province	18.5b Locality/City	18.6b Street		18.7b Number	

19. Has anyone ever applied for a visa on your behalf? ____ Yes ____ No
 (If "Yes", please specify who and their relationship to you)

19.1 Name (business or person)	19.2 Relationship / kinship

20. Name of person who will accompany you

20.1 Name	20.2 Relationship / kinship

Signature of applicant	 Finger 1 (left index)	 Finger 2 (right index)	Internal Information (do not fill in)			
			Number	File	Number	Resolution
			Date		Date	
			Place		Status	

Please specify which documents support this application:

<input type="checkbox"/> Marriage certificate	<input type="checkbox"/> Payment receipt	<input type="checkbox"/> Passport
<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Letter from university	<input type="checkbox"/> Hotel reservation
<input type="checkbox"/> Parent or tutor authorization	<input type="checkbox"/> Employment contract	<input type="checkbox"/> Flight reservation
<input type="checkbox"/> Letter from bank	<input type="checkbox"/> Bank statement	<input type="checkbox"/> Credit card
<input type="checkbox"/> Sponsor's bank statement	<input type="checkbox"/> Identity document (DNI, Cédula or other)	<input type="checkbox"/> Property title (investment and real estate)
<input type="checkbox"/> Guarantee letter	<input type="checkbox"/> Sponsor's identity document	<input type="checkbox"/> United States Visa
<input type="checkbox"/> Invitation letter	<input type="checkbox"/> Tax payment receipt	<input type="checkbox"/> European Visa
<input type="checkbox"/> Employment letter or offer	<input type="checkbox"/> Photograph	<input type="checkbox"/> Canada Visa
<input type="checkbox"/> Scholarship certificate	<input type="checkbox"/> Bank book	<input type="checkbox"/> Great Britain Visa
<input type="checkbox"/> Good conduct certificate	<input type="checkbox"/> Family book	<input type="checkbox"/> Previous Dominican visas
<input type="checkbox"/> Medical certificate	<input type="checkbox"/> Salary slip	<input type="checkbox"/> Visas from other countries
<input type="checkbox"/> Other certificates	<input type="checkbox"/> Verbal Note	<input type="checkbox"/> Other document