



Visa Application for Netherlands Antilles

This application form is free of charge

Photo
3X4 cm

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 Date filing: 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. Main destination : <input type="checkbox"/> Curacao <input type="checkbox"/> Saba <input type="checkbox"/> St.Eustacius <input type="checkbox"/> St.Maarten <input type="checkbox"/> Bonaire		Visa : <input type="checkbox"/> Refused <input type="checkbox"/> Granted Characteristics of Visa : <input type="checkbox"/> <input type="checkbox"/>
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. Previous visits/stays to/in Netherlands Antilles		

26. 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"/> Official <input type="checkbox"/> Other (please specify):
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**FOR EMBASSY /
CONSULATE USE ONLY**

27. Date of arrival	27. Date of departure
28. First port of entry	29. Means of transportation

30. Name of host or host company in Netherlands Antilles. If not applicable, state name of hotel or temporary address in Netherlands Antilles	
Name	Telephone and telefax
Complete address	e-mail address

31. Who pays for your trip and maintenance during your stay? <input type="checkbox"/> Applicant <input type="checkbox"/> Guarantor <input type="checkbox"/> Host company.
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32. Means of support during your stay <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Accommodation <input type="checkbox"/> Other: <input type="checkbox"/> Travel and/or health insurance. Valid until:
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33. Spouse's name	34. Spouse's name at birth
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35. Spouse's given name	36. Spouse's date of birth	37. Spouse's place of birth
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38. Children (Applications must be submitted separately for each passport)		
Name	Given name	Date of birth
1
2
3

39. Personal data of the Netherlands Antilles citizen you depend on.	
Name	Given name
Family relationship :	

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 Netherlands 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 Netherlands 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 Netherlands 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 Netherlands Antilles..

I undertake to leave Netherlands 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 Netherlands 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 Netherlands Antilles.. Upon entry into Netherlands Antilles., it will be verified again whether the conditions for entry/admission have been met.

Applicant's home address	Telephone number
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Place and date	Signature (for minors, signature of custodian/guardian)
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