



Visa Application for Aruba

This application form is free

Please complete all questions in block capitals

1. SURNAME(S) / FAMILY NAME(S) as per passport		FOR EMBASSY / CONSULATE USE ONLY Date application : File handled by : Supporting documents: <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health/Travel insurance <input type="checkbox"/> Other :
2. FIRST NAME(S) as per passport		
3. EARLIER SURNAME(S) (at birth)		
4. DATE OF BIRTH (year-month-day)	5. ID-NUMBER (optional)	
6. PLACE AND COUNTRY OF BIRTH		
7. CURRENT NATIONALITY/IES	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. CURRENT OCCUPATION		
20. Name, address and telephone number of employer. For students, name and address of school.		
21. Visa : <input type="checkbox"/> Individual <input type="checkbox"/> Collective		Visa : <input type="checkbox"/> Refused <input type="checkbox"/> Granted Characteristics of Visa : <input type="checkbox"/> B <input type="checkbox"/> C
22. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Multiple entries	23. Duration of stay Visa is requested for: _____ 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. In the case of transit, do you have a valid ticket and the necessary documentation for entry into the final country of destination? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until: _____ Issuing authority: _____		
26. Previous stays in Aruba		

27. Purpose of travel <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visit to Family or Friends <input type="checkbox"/> Cultural/Sports <input type="checkbox"/> Medical reasons <input type="checkbox"/> Other (please specify):		FOR EMBASSY / CONSULATE USE ONLY
28. Date of arrival	29. Date of departure	
30. Means of transport		
31. Name of host or host company in Aruba. If not applicable, give name of hotel or temporary address in Aruba		
Name	Telephone and telefax	
Full address	e-mail address	
32. Who is paying for your cost of travelling and for your costs of living during your stay? <input type="checkbox"/> Myself <input type="checkbox"/> Host person/s <input type="checkbox"/> Host company.		
33. Means of support during your stay <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Other: <input type="checkbox"/> Travel and/or health insurance. Valid until:		
34. Spouse's family name	35. Spouse's family name at birth	
36. Spouse's first name	37. Spouse's date of birth	
39. Children (Applications <u>must</u> be submitted separately for each passport)		
Name	First name	Date of birth
1
2
3
40. Personal data of the Aruba citizen you depend on.		
Name	First Name	
Family relationship :		
41. I declare I am aware of and consent to the following: any personal data which appear on this visa application form will be supplied to the relevant authorities in Aruba or, if necessary, be processed by them for the purpose of a decision on my visa application. Such data may be input into, and stored in, databases accessible to the relevant authorities in Aruba. At my express request, the consular authority processing my application will inform me of the manner in which I may exercise my right to check the personal data and have them altered or deleted, in particular, should they be inaccurate, in accordance with the national law of Aruba. I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of Aruba. I undertake to leave Aruba upon expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into Aruba. The fact that a visa has been granted to me does not mean I will be entitled to compensation if I am refused entry into Aruba. The prerequisites for entry will be checked again on entry into Aruba.		
42. Applicant's home address		43. Telephone number
44. Place and date	45. Signature (for minors, signature of custodian/guardian)	