

CONSULAR FORM FOR TOURISTS

CONSULATE GENERAL OF CHILE IN GOTHENBURG

1. LAST NAME (As shown on your passport)		2. FIRST AND MIDDLE NAME (As shown on your passport)			
3. OTHER NAMES:					
4. LAST NAME/NAME OF FATHER			5. LAST NAME/NAME OF MOTHER		
6. SEX: M. F.		7. DATE OF BIRTH (Day/month/year)			
8. PLACE OF BIRTH (City, Province, Country)			8. LOCAL DOCUMENT TYPE AND N°:		
10. NATIONALITY Current Origin		11. HOME ADDRESS		12. HOME TELEPHONE N°	
13. PROFESSION:		14. MARITAL STATUS		15. ACTIVITY	
16. EMPLOYER: -			17. BUSINESS TELEPHONE N° -		
18. COLOR OF HAIR	19. COLOR OF EYES	20. COMPLEXIN	21. HEIGHT	22. PARTICULAR FEATURES	
23. PASSPORT N°/TRAVEL DOCUMENT		24. PLACE AND DATE OF ISSUANCE		25. EXPIRATION DATE	
26. TYPE OF VISA		27. REASON OF TRAVEL		28. LENGTH OF PERMANENCE	
29. PARTICULARS OF HOST (Name/Last Name – Address and Phone N°)					
30. ARRIVAL DATE		31. ADDRESS IN CHILE (Lodging place)		32. DEPARTURE DATE	
33. SPOUSE (Last name, names, nationality, date of birth)					
34. CHILDREN (Last name, names, nationality, date of birth)					
35. HAVE YOU APPLIED FOR VISA BEFORE? YES NO			36. WHEN?: YEAR		37. WHERE?
38. DID YOU ENTER?	39. WHEN? YEAR	40. LENGTH OF PERMANENCE		41. REASON	
42. IS ANY OF THE FOLLOWING PEOPLE IN CHILE? Spouse Fiancé/Fiancée Brothers/Sisters Father/Mother other					
43. LIST THE COUNTRIES WHERE YOU HAVE LIVED FOR MORE THAN SIX MONTHS ALONG THE LAST 5 YEARS, COMMENCING FROM YOUR CURRENT RESIDENCE. SUECIA					
AFFIDAVIT: I declare that I am aware that during my stay in Chile I may not carry out gainful activities nor intervene in its internal policy or in acts against its Political Constitution or the Laws, Decrees and other provisions applicable in its territory and promise, during my stay in Chile NOT to apply for a change of my status of tourist. I further declare that all the particulars contained in this Application are true.					
----- DATE			----- APPLICANT'S SIGNATURE		
CONSULAR FEES		DATE OF VISA		CONSUL'S SIGNATURE AND SEAL	