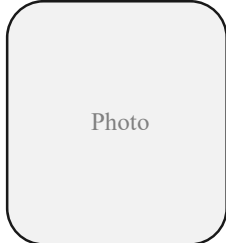




Ministry of Foreign Affairs



State of Israel



Photo

Date: \_\_\_\_\_

### VISA APPLICATION FORM

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Grandfather's Name: \_\_\_\_\_

Grandfather's Name: \_\_\_\_\_

**Passports:**

Passport Type: \_\_\_\_\_ Passport No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_/\_\_\_/\_\_\_ Valid Until: \_\_\_/\_\_\_/\_\_\_  
Day Month Year Day Month Year

Passport Type: \_\_\_\_\_ Passport No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_/\_\_\_/\_\_\_ Valid Until: \_\_\_/\_\_\_/\_\_\_  
Day Month Year Day Month Year

City & Country of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Day Month Year

Personal Status: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Religion \_\_\_\_\_ Occupation: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Since: \_\_\_/\_\_\_/\_\_\_  
Day Month Year

Date of Leaving the Country: \_\_\_/\_\_\_/\_\_\_ Date of Entry to Israel: \_\_\_/\_\_\_/\_\_\_  
Day Month Year Day Month Year

Purpose of Journey: \_\_\_\_\_ Duration of Stay: \_\_\_\_\_.

Places visited in Israel: \_\_\_\_\_.

Accommodations in Israel: \_\_\_\_\_.

Have you ever filed an application form - not through the Ministry of Foreign Affairs, for the purpose of visiting Israel, the Palestinian National Authority or the Gaza Strip - that was denied? **Yes / No.**

If yes - When was the application submitted? \_\_\_/\_\_\_/\_\_\_  
Day Month Year

Where was the application submitted? \_\_\_\_\_.



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שירות קונסולרי עולמי  
GLOBAL CONSULAR SERVICE  
שירות קונסולרי עולמי

Date: \_\_\_\_\_

Have you ever simultaneously filed an application form to one of the Israeli authorities for the purpose of visiting Israel, the Palestinian National Authority or the Gaza Strip? **Yes / No.**

If yes - When was the application submitted? \_\_\_ / \_\_\_ / \_\_\_\_\_.  
Day Month Year

Where was the application submitted? \_\_\_\_\_.

Do you intend to visit the West Bank or Gaza Strip? **Yes / No.**

If yes - please state where: \_\_\_\_\_.

Telephone Numbers:

Home: \_\_\_ - \_\_\_ - \_\_\_\_\_  
Country City Tel. No.

Work: \_\_\_ - \_\_\_ - \_\_\_\_\_  
Country City Tel. No.

Cellphone Numbers:

Mobile: \_\_\_ - \_\_\_ - \_\_\_\_\_  
Country City Tel. No.

Mobile: \_\_\_ - \_\_\_ - \_\_\_\_\_  
Country City Tel. No.

E-Mail Address (Capital Letter): \_\_\_\_\_@\_\_\_\_\_

Address in Country of Origin: \_\_\_\_\_.

If born OUTSIDE of country of residence - date of arrival: \_\_\_ / \_\_\_ / \_\_\_\_\_.  
Month Year

Do you have an Israeli ID? **Yes / No.** If yes - ID number: \_\_\_\_\_.

**Countries visited in the past 5 years in the Middle East, Gulf, Africa, Malaysia and Indonesia:**

*Please note it is very important to fill in all the requested details. If there is not enough space, please continue on last page.*

Country	Dates of visit	Purpose	Country	Dates of visit	Purpose



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GLOBAL CONSULAR SERVICE  
שירות קונסולרי עולמי

Date: \_\_\_\_\_

**Countries where you have resided since birth BESIDES the current location:**

Please note it is very important to fill in all the requested details. If there is not enough space, please continue on last page.

<i>Country</i>	<i>(Since) Date</i>	<i>(Until) Date</i>	<i>Purpose</i>	<i>Address</i>

Dates of previous visits to Israel: \_\_\_\_\_

**Siblings**

<i>Name</i>	<i>Family Name</i>	<i>Year of Birth</i>	<i>Address</i>

**Relatives and Contacts in Israel:**

<i>Full Name</i>	<i>ID No.</i>	<i>Address</i>	<i>Tel. No.</i>	<i>Nature of Relation:</i>

**I hereby certify that the information given in this form is true, complete and accurate:**

**Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

לשימוש משרדי: \_\_\_\_\_  
הענקת אשרה מס' \_\_\_\_\_ סוג אשרה \_\_\_\_\_ תאריך \_\_\_\_\_  
תוקף האשרה עד \_\_\_\_\_ יפה לשהות של \_\_\_\_\_ כניסה אחת / כניסות רבות \_\_\_\_\_  
הערות: \_\_\_\_\_

