



CONSULATE GENERAL OF EL SALVADOR
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VISA APPLICATION

FULL NAME: _____
 PLACE & DATE OF BIRTH: _____
 CITIZEN OF (COUNTRY) _____ MARITAL STATUS _____
 ADDRESS: _____
 PASSPORT NUMBER _____ DATE ISSUED _____
 NAME & ADDRESS OF EMPLOYER _____
 TELEPHONE: _____
 OCCUPATION/TITLE: _____ SPONSOR OF TRIP _____
 MODE OF TRANSPORTATION _____ PURPOSE OF TRIP _____
 PROPOSED ADDRESS IN EL SALVADOR _____
 LENGHT OF STAY IN EL SALVADOR _____
 PERSONS ACCOMPANYING & RELATIONSHIP _____

I HEREWITH AGREE TO ABIDE BY ALL LAWS, RULES AND REGULATIONS IN EFFECT AND THAT I WILL NOT PARTICIPATE IN ANY POLITICAL ACTIVITY THAT WILL INTERFERE WITH THE INTERNAL AFFAIRS OF THE COUNTRY OF EL SALVADOR.

PLACE & DATE: _____

SIGNATURE: _____

OFFICIAL USE ONLY

VISA _____ DATE ISSUED _____

AUTHORIZED BY _____

REQUIREMENTS LETTER OF EMPLOYMENT _____ PHOTOGRAPH _____