



**III PASSPORT INFORMATION**

Passport/Travel Document Number :   
 Place of Issue :   
 Date of Issue :  -  -  (DD-MM-YYYY)  
 Date of Expiry/Valid Until :  -  -  (DD-MM-YYYY)  
 Type of Passport :  Personal  Family

*Please complete this section if your spouse and/or dependants included on your passport/travel document are travelling with you :*

No.	Relation(s)	Sex	Date of Birth (DD-MM-YYYY)	Name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

*Please use this code :* Relation(s) : 1:Husband 2:Wife 3:Child  
 Sex : F:Female M:Male

**IV SPONSOR IN INDONESIA (IF ANY)**

Type of Sponsor :  Individual  Government  International Institution  
 Company  NGO  Others  
 Name of Person/Institution :   
 Address :   
 City :   
 Province/State :   
 Phone Number :  -  -

**V OTHER INFORMATION**

Have you ever been to Indonesia before? :  Yes  No  
 Are you in possession of any other countries' travel documents? :  Yes  No  
 Do you have previous visa to enter Indonesia? :  Yes  No  
 Has your visa application been refused before? :  Yes  No  
 Have you ever been deported from Indonesia? :  Yes  No  
 Have you ever committed a crime or any offense? :  Yes  No  
 Return/Through Ticket/Airline Company :   
 Place of Issue :   
 Date of Issue :  -  -  (DD-MM-YYYY)  
 Date of Expiry/Valid Until :  -  -  (DD-MM-YYYY)

**I hereby declare that the statements given above are true and I understand that even if granted a visa, the admission at the airport remains the discretion of the immigration authorities in Indonesia**

Applicant's Signature

Washington, D.C.,  -  -  (DD-MM-YYYY)

**Important Note :**

- \* To be completed in duplicate with two passport size photographs attached
- \* Applicant's original signature is required
- \* Passport must be valid for at least six months

**PASSPORTS PLUS, INC**

5177 Richmond Ave, Suite 675, Houston, TX 77056

Toll Free: (888) 821-8472 Tel: (713) 821-0144 Fax: (713) 821-0145 Web site: www.passportsplus.com

**VISA PROCESSING ORDER FORM**

I. DEPARTURE DATE: \_\_\_\_\_ II. NEED BY DATE: \_\_\_\_\_

III. FULL NAME OF APPLICANT(S):

FIRST NAME MIDDLE LAST NAME PASSPORT NO.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. VISA(S) REQUESTED:

Country 1: \_\_\_\_\_ Country 2: \_\_\_\_\_ Country 3: \_\_\_\_\_

Visa Type: Tourist Business Work Student Transit

Number of Entries: Single Double Multiple

V. FEES (All fees are non-refundable):

Consulate Fee: \$ \_\_\_\_\_

Service Fee: \$ \_\_\_\_\_

Return FedEx: \$ \_\_\_\_\_ TOTAL FEE: \$ \_\_\_\_\_

*\$20.00 per address: FedEx (up to three passports)  
\$25.00 per address: FedEx (four to six passports)  
\$32.00 per address: FedEx to Alaska, Hawaii and Puerto Rico or Saturday Delivery*

VI. SHIPPING ADDRESS AND PHONE NUMBER:

Please provide the **exact** address where you want your completed passport to be Federal Expressed to. Incorrect address will impose a reroute fee of \$20.00. **Federal Express will not deliver to a P.O. Box.**

Company Name (if applicable): \_\_\_\_\_

Shipping Address: Street \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attn: \_\_\_\_\_ Signature Required? YES NO

Contact Phone No: ( \_\_\_\_\_ ) \_\_\_\_\_

VII. PAYMENT INFORMATION (No checks will be accepted for rush processing):

We accept Visa, MasterCard, American Express and Discover. We also accept money orders, company and personal checks payable in U.S. dollars only and made out to "Passports Plus, Inc".

Card Type\*: Visa MasterCard American Express Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder (as it appears on card): \_\_\_\_\_ Security Code: \_\_\_\_\_

\* Credit card payment is subject to a 3% or \$3 charge, whichever is greater.  
I have read and agreed to the terms and conditions listed on [www.passportsplus.com/disclaimer.html](http://www.passportsplus.com/disclaimer.html). I understand that requirements and fees are subject to change without prior notice, and all fees are non-refundable.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date