EMBASSY OF CHILE **Consular Section** New Delhi.

APPLICATION FORM FOR VISA TO CHILE (To be only typed in Block Letters)

Place for Colour Photograph (To be pasted)

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	7. DATE OF BIRTH (Day/month/year)							
8. PLACE OF BIRTH (City,	intry)	9. LOCAL DOCUMENT TYPE AND N°:							
10. NATIONALITY Current Origin 11. I			IOME ADDRESS				1	2. HOME TELEPHONE N°	
13. PROFESSION: 14. M			ARITAL STATUS				1	5. ACTIVITY	
16. EMPLOYER:		17. BUSINESS TELEPHONE N°							
18. COLOR OF HAIR 19. COLOR OF EX			CS 20. COMPLEXION 21. HEIGHT			22 .	PARTICULAR FEATURES		
23. PASSPORT Nº/TRAVEL	Т	24. PLACE AND DATE OF ISSUANCE 25. EXPIRATION DATE							
26. TYPE OF VISA		27. REASON OF TRAVEL 28.				28. LI	ENGTH OF PERMANENCE		
29. PARTICULARS OF HOS	ST (Name/Las	st Name – A	Address a	and Phone N	V°)	<u> </u>			
30. ARRIVAL DATE 31. ADDRE				ESS IN CHILE (Lodging place)				2. DEPARTURE DATE	
33. SPOUSE (Last name, names, nationality, date of birth)									
34. CHILDREN (Last nam	e, names, nati	onality, da	te of birth	1)					
35. HAVE YOU APPLIED F	FORE?	YES	NO	36. WHEN?: YEAR		3	7. WHERE?		
38. DID YOU ENTER? YES	39. WHE	N? YF	EAR	40. LEN (TH OF F	PERMANENC	 E	41. REASON	
NO					_				
	1			l				I	

42. IS ANY OF THE FOLLOWING PEOPLE IN CHILE? Spouse Fiancé/Fiancé Father/Mother other	e Brothers/Sisters
43. LIST THE COUNTRIES WHERE YOU HAVE LIVED FOR MORE THAN SIX	MONTHS ALONG THE LAST 5 VEARS
COMMENCING FROM YOUR CURRENT RESIDENCE.	THOM IN THE LAST STEAKS,
AFFIDAVIT: I declare that I am aware that during my stay in Chile I may not carry or in acts against its Political Constitution or the Laws, Decrees and other provisions. Chile NOT to apply for a change of my status of tourist. I further declare that all the p	applicable in its territory and promise, during my stay in
 DATE	APPLICANT'S SIGNATURE