CHINA VISA APPLICATION FORM

APPLICANT'S DETAILS										
First Name:		Middle Name:			Last N	Name:				
Full Name in Native Alphabet:										
Other Names:		Occupation (job title	e):				Annual Inco	ome:	
Date of Birth:	Gender:	Male	Female Marital Status: Sing				Single	e Married	Divorced	Widowed
City of Birth:	State of Birth	:	Country of Birth:							
Nationality:		Driver's License	e #:							
Do you hold any other nationality	o I	f yes, lis	t addit	ional natio	onality	<i>'</i> :				
Do you have permanent residency in another country? Yes No If yes, list country:										
Have you ever held any other nat	ionality:	Yes N	o II	f yes, lis	t count	try:				
PASSPORT DETAILS										
Passport Number:		Date of Issue:						Date of Exp	iration:	
Issuing Authority:		Issuing Country	′ :							
Is your current passport a replace	Is your current passport a replacement for a lost or stolen passport? Yes No									
If yes, provide details of the lost p	assport below	(if not available	, provid	de letter	of exp	lanation v	vhy yc	ou do not ha	ve details)	
Lost Passport Number: Issuing Authori			ty: Issuing Country:							
What date was your passport lost: How did you lose your passport:										
Did you have any visas to China in	the lost passp	ort? Yes	No							
If yes, provide details of the previous visa (if not available, provide letter of explanation that you did not keep a copy of the visa)							/isa)			
Previous Visa Number: Date of Issue:							Place	of Issue:		
PURPOSE OF VISIT TO CHIN	Α									
Type of Visa:			Processing speed: Regular Rush							
Desired Visa Validity (in months):			Desired Duration of Stay (in days):							
WORK EXPERIENCE										
Current Employer:										
Date Started (mm/dd/yyyy):				Date Ended (mm/dd/yyyy):						
Company Name:			Company Address:							
Phone Number:		Your Job Title	2:					Your Job Du	ıties:	
Supervisor's Name:				Supervisor's Phone Number:						

Previous Employer:								
Date Started (mm/dd/yyyy):			Date Ended (mm/dd/yyyy):					
Company Name: Co			Company Address:					
Phone Number:	Your Job Title	<u>:</u>		Your Job Duties:				
Supervisor's Name:			Supervisor's Phone Nu	mber	:			
EDUCATIONAL HISTORY								
COLLEGE OR UNIVERSITY YOU GRADUATED FRO	OM							
Name of College/University:			Address:					
From (mm/dd/yyyy):			To (mm/dd/yyyy):					
Degree Received: Undergraduate Gradua	ite		Major:					
COLLEGE OR UNIVERSITY YOU GRADUATED FRO	OM		,					
Name of College/University:			Address:					
From (mm/dd/yyyy):			To (mm/dd/yyyy):					
Degree received: Undergraduate Gradua	te		Major:					
HIGH SCHOOL YOU GRADUATED FROM								
Name of High School:			Address:					
From (mm/dd/yyyy):			To (mm/dd/yyyy):					
What languages do you speak?								
CURRENT RESIDENCE								
Address (same as on your driver's license or utili	ty bill):							
Home Phone: Cell Phone:				E-ma	il:			
FAMILY INFORMATION								
SPOUSE'S INFORMATION (ONLY IF CURRENTLY	MARRIED)							
First Name:	Last Name:		Date	of Birth:				
Current Nationality:	City of Birth:			Country of Birth:				
Occupation:	Current Address:							
FATHER'S INFORMATION (IF DECEASED, WRITE	"N/A")							
First Name: Last Name: Date of Birth:					of Birth:			
Current Nationality: Occupation:								
Current Address:								

MOTHER'S INFORMATION (IF DECEASED, WRITE "N/A")								
First Name:		Last Name: Date of Birth:						
Current Nationality:		Occupation:						
Current Address:								
CHILD 1 INFORMATION (IF NONE, WRITE "N/A")								
First name:		Last name:		Date of	Date of birth:			
Current Nationality:		Occupation:						
Current Address:								
CHILD 2 INFORMATION (IF NONE, WRITE "N/A")								
First name:		Last name:		Date of birth:				
Current Nationality:		Occupation:						
Current Address:								
CHILD 3 INFORMATION (IF NONE, WRITE "N/A")								
First name:		Last name:		Date of	Birth:			
Current Nationality:	Occupation:							
Current Address:								
CHILD 4 INFORMATION (IF NONE, WRITE "N/A")								
First Name:	Last Name:		Date of	Birth:				
Current Nationality:	Occupation:							
Current Address:								
Are any of your relatives in China? Yes No								
If yes, list: Name:		Relation to you:						
Status in China: Citizen Permanent Resident Resident Stay								
INFORMATION ABOUT YOUR TRIP								
Date of arrival (mm/dd/yyyy):		Date of Departure (mm/dd/yyyy):						
City of Arrival:		City of Departure:						
Address of stay:								
EMERGENCY CONTACT:								
First name: Last name:				to you:				
Phone Number:	Number: E-mail:							
Country:	State:		City: Zip code:					

WHO WILL PAY FOR THIS TRIE	P?								
Self		Organization			Othe	er			
Name:			Relation to You	ı:					
Phone Number:			E-mail:						
Address:									
7.00.000									
TYPE OF SPONSOR:									
INDIVIDUAL	ORGANIZA	TION							
Name of individual or organization:			Relationship to	the appli	icant:				
Phone number:			City, State & Zi						
There name is			oley, state & El	p code or	ороноон				
TRAVEL HISTORY:									
Have you been to China in the last 3	vears?	No Yes (If ves	s, please list you	r last 3 trii	ps below)				
City:				Date of Departure:					
City:		Date of Arrival:		Date of Departure:					
City: Date of Arrival:					Date of Departure:				
Have you been issued a Chinese visa	a?		s, please include	details he		ocpanital c.			
	/isa Number		Date of Issue:	actans be	21047	Place of Issue:			
Have you ever been fingerprinted when applying for a visa to China? Yes No						Tace of issue.			
					!:				
					yes, list permit number:				
Do you currently hold any valid visa			Yes	No if y	es, list co	untries:			
List countries you have traveled to i	n the past 5	years:							
OTHER INFORMATION (if you a				vide expl	anation o	n separate sheet o	of paper)		
Have you ever been refused a visa for China, or been refused entry into China?					Yes	N			
Has your Chinese visa ever been cancelled?							0		
Have you ever entered China illegally, overstayed, or worked illegally?					Yes No				
Do you have any criminal record in China or any other country? Do you have any serious mental disorder or infectious disease?					Yes No				
Do you have any serious mental disorder or infectious disease? Have you ever visited countries or territories where there is an epidemic in the last 30 days?					Yes No				
Have you ever visited countries or territories where there is an epidemic in the last 30 days? Have you ever been trained or do you have any special skills in the field of firearms,					165	IN	0		
explosives, nuclear devices, biological or chemical products?					Yes	N	0		
Are you serving or have you ever served in the military?					Yes	N			
Have you served or participated in any paramilitary organization, civil armed units, guerrilla									
forces or armed organizations, or be			Yes	N	0				
Have you belonged to, contributed to, or worked for any professional, social, or charitable									
organizations?			Yes	N					
Is there anything else you want to d	eclare?				Yes	N	0		