

فرم درخواست ویزای اندونزی

Visa application form of Indonesia

توجه: اطلاعات مورد نیاز به صورت لاتین نوشته شود.

	اسم مسافر:		فامیلی مسافر:
	شماره موبایل مسافر:		شماره تلفن مسافر:
	ملیت:		جنسیت:
	وضعیت تاهل:		محل تولد مسافر:
	استان زندگی مسافر:		شهر زندگی مسافر:
	آدرس منزل مسافر:		
	مدت زمان اقامت:		فرودگاه ورودی اندونزی (شهر):
	محل بازدید:		آدرس هتل در اندونزی:
	شهر اقامت اندونزی:		استان اقامت اندونزی:
	تلفن هتل:		
	شغل مسافر (اگر فرد خانه دار هستید نیاز به پرکردن این قسمت نمی باشد)		
	اسم محل کار مسافر:		تلفن محل کار مسافر:
	آدرس محل کار مسافر:		
	استان محل کار مسافر:		شهر محل کار مسافر:

STATEMENT LETTER

FOR ALL FOREIGN CITIZENS ENTERING TERRITORY OF INDONESIA

I the undersigned,

Name.....

Sex.....

Place and Date of Birth.....

Nationality.....

Expiry Date.....

Hereby declare that,

- 1- I am fully vaccinated /have taken 2 doses of Covid -19 Vaccine;
- 2- I am fully consent to be quarantined conducted by the Indonesian Authority whenever advised by the Indonesian Government at my own expenses at the quarantine facilities or health service facilities appointed by the Indonesian authority should the PCR test result shows positive at the point of entry upon arrival or shows any symptoms of Covid -19 according to the health protocol and Indonesian law and regulations;
- 3- I am willingly monitored by the health authority during the quarantine period or self-isolation according to health protocol and Indonesian laws and regulations;
- 4- I am in Possession of health insurance /travel insurance which covers all the medical expenses, and willingly pay the medical expenses at my own expenses should I am contacted by covid 19 virus while in Indonesia.

This statement is made truthfully and to be used accordingly.

Tehran,2023