|  |  |
| --- | --- |
| FULL NAME |  |
| PASSPORT NO. |  |
| PASSPORT BOOK NO. |  |
| DATE OF ISSUE |  |
| DATE OF EXPIRY |  |
| ISSUED FROM |  |
| DATE OF BIRTH |  |
|  |  |
| MARITAL STATUS |  |
| MAILING ADDRESS |  |
| TELEPHONE NO. |  |
| EMAIL |  |
| PASSPORT ISSUED FROM |  |
| INTENDED DATE OF ARRIVAL IN USA |  |
| DURATION OF STAY |  |
| ADDRESS WHERE YOU WILL STAY IN USA |  |
| PERSON /ENTITY PAYING FOR YOUR TRIP |  |
| TELEPHONE NO. OF THAT PERSON |  |
| EMAIL OF PAYING PERSON |  |
| RELATIONSHIP TO YOU |  |
| IS THE ADDRESS OF THE PARTY PAYING FOR YOUR TRIP THE SAME AS YOUR HOME OR MAILING ADDRESS, IF NO GIVE HIS ADDRESS |  |
| ARE THERE OTHER PERSONS TRVELLNG WITH YOU | NAME:  RELATIONSHIP WITH YOU: |
| HAVE YOU EVER BEEN IN THE US |  |
| HAVE YOU EVER BEEN ISSUED US VISA |  |
| HAVE YOU EVER BEEN REFUSED US VISA |  |
| CONTACT INFORMATION | |
| CONTACT PERSON NAME IN USA |  |
| ORGANIZATION NAME IN THE USA |  |
| RELATIONSHIP TO YOU |  |
| US CONTACT ADDRESS |  |
| PHONE NO. |  |
| EMAIL ADDRESS: |  |
| **FAMILY INFORMATION** | |
| FATHER’S SURNAME |  |
| FATHER’S GIVEN NAME |  |
| FATHER’S DATE OF BIRTH |  |
| IF YOU FATHER IN US |  |
| MOTHER’S SURNAME |  |
| MOTHER’S GIVEN NAME |  |
| MOTHER’S DATE OF BIRTH |  |
| IS YOUR MOTHE RIN US |  |
| DO YOU HAVE ANY IMMEDIATE RELATION IN USA |  |
| DO YOU HAVE ANY OTHER RELATIVE IN US |  |
| SPOUSE FULL NAME |  |
| SPOUSE DATE OF BIRTH |  |
| SPOUSE’S COUNTRY/ REGION |  |
| SPOUSE CITY OF BIRTH |  |
| SPOUSE COUNTRYOF BIRTH |  |
| SPOUSE ADDRESS: |  |
| **WORK/ EDUCATION/TRAINING INFORATION** | |
| PRIMARY OCCUPATION |  |
| WERE YOU PREVIOUS EMPLOYED |  |
| HAVE YOU ATTENDED ANY EDUCATIONAL INSTITUTE AT A SECONDARY LEVEL OR ABOVE |  |
| NAME OF INSTITUTION |  |
| ADDRESS OF INSTITUTION |  |
| COURS OF STUDY |  |
| DATE OF ATTENDANCE FROM |  |
| DATE OF ATTENDANCE TO |  |
| LANGUAGES SPEAKS |  |
| HAVE YOU TRAVEL TO ANY COUNTIRES WITHIN THE LAST FIVE YEARS |  |

**FOR C1/D VISA**

**CREW VISA INFORMATION**

|  |  |
| --- | --- |
| SPECIFIC JOB TITLE ABRAD AIRCRAFT OR VESSEL | |
|  | |
| Name of company that owns the aircraft or vessel you will be working on | |
|  | |
| Company Telephone Number: | |
|  | |
| Did you acquire your position using a recruiting / manning / crewing agency | |
|  | |
| If yes, provide the following information | |
| Agency Name |  |
| Contact Surname |  |
| Contact Given name |  |
| Street Address |  |
| City |  |
| Telephone Number |  |
| Are you serving abroad a seagoing ship or vessel |  |
| If yes, provide the following information |  |
| Seagoing Ship/Vessel name |  |
| Seagoing ship/vessel Identification Number |  |