

CONSULATE OF URUGUAY

PRETORIA

1119 BURETT STREET
MIB HOUSE-3RD FLOOR
HATFIELD 0083

PO BOX 3247
PRETORIA
0001

TEL : 012432829/831
FAX: 012432833

VISA APPLICATION

1. FULL NAMES:
2. NATIONALITY:
3. PLACE AND DATE OF BIRTH:
4. PROFESSION:
5. CIVIL STATUS: MARRIED.....DIVORCED.....WIDOWED.....SINGLE.....
6. NAME OF SPOUSE:
7. PERMANENT ADDRESS:
TELEPHONE NUMBER:
8. NAME AND ADDRESS OF EMPLOYER:
9. PASSPORT NO: OF (COUNTRY):
PLACE AND DATE OF ISSUE:
EXPIRY DATE:
10. DATE OF DEPARTURE SOUTH AFRICA:
11. DATE OF ARRIVAL URUGUAY:
DATE OF DEPARTURE URUGUAY:
12. PURPOSE OF VISIT TO URUGUAY:
13. RESIDENTIAL ADDRESS URUGUAY:
14. BUSINESS/PERSONAL REFERENCES IN URUGUAY:

SIGNATURE :.....

SIGNED: ATON THEOF.....

N.B : VISA VALID FOR SINGLE ENTRY ONLY FOR 90DAYS FROM DATE OF ISSUE.

REQUIREMENTS : VALID PASSPORT ,1 XPASSPORT SIZE PHOTO ,RETURN AIRTICKET,
VISA OD COUNTRY OF DESTINATION

COST: VISA'S FOR SOUTH AFRICAN PASSPORT HOLDERS FREE OPF CHARGE BUT FAX CHARGE

OF R7.50 PER APPLICATION IS APPLICABLE.

FOR OTHER COUNTRIES PLEASE CHECK.....

THIS FORM MAY BE PHOTOCOPIED