BRAZIL E-VISA APPLICATION

* = Required field

**ELIGIBILITY CRITERIA**

|  |  |
| --- | --- |
| 1. Current Nationality\*
 |  |
| 1. Visa Type\*
 |  |
| 1. Purpose of travel\*
 |  |
| 1. Is applicant below 18?\*
 |  |
| 1. Date of birth\*
 |  |

**DOCUMENT DETAILS** (Please upload the required documents)

|  |  |
| --- | --- |
| 1. Passport Page\*
 |  |
| 1. Photograph 2x2\*
 |  |
| 1. Bank account statement\*
 |  |
| 1. Proof of Employment\*
2. Business Invitation Letter\*

\*(BUS VISA ONLY) |  |
| 1. Vaccination card
 |  |
| 1. Public deed
 |  |
| 1. Sponsorship affidavit
 |  |
| 1. Flight ticket
 |  |
| 1. Additional documents
 |  |

**Passport Details**

|  |  |
| --- | --- |
| 1. Type of travel document\*
 |  |
| 1. Passport number\*
 |  |
| 1. Date of issue\*
 |  |
| 1. Date of expiry\*
 |  |
| 1. Given name\*
 |  |
| 1. Family names
 |  |
| 1. Marital status\*
 |  |
| 1. Sex\*
 |  |
| 1. Former names
 |  |
| 1. Place of birth\*
 |  |
| 1. State/Province\*
 |  |
| 1. City\*
 |  |
| 1. Zip Code\*
 |  |
| 1. Can you share information about your parents?\*
 |  |
| 1. IF ANSWERED **YES** ON #14, Please answer the following
* Mother’s Given Name\*
* Mother’s Family Name
* Mother’s Place of Birth\*
* Mother’s Date of Birth
* Mother’s Nationality
* Mother’s Previous Nationality
* Father’s Given Name\*
* Father’s Family Name
* Father’s Place of Birth\*
* Father’s Date of Birth
* Father’s Nationality
* Father’s Previous Nationality
 |  |

**Travel Details**

|  |  |
| --- | --- |
| 1. Estimated Arrival Date\*
 |  |
| 1. Planned period of stay in Days/Months\*
 |  |
| 1. Final Scheduled Day of Stay\*
 |  |
| 1. Have you ever been to Brazil?\*
 |  |
| 1. Additional Details of Travel\*

IF ANSWERED YES #4 PLEASE PROVIDE DATES OF TRAVEL |  |

**Address Details**

|  |  |
| --- | --- |
| 1. Permanent Address\*
 |  |
| 1. Country\*
 |  |
| 1. City, State, & Zip Code\*
 |  |
| 1. Personal Means of Contact(Phone,email,etc)\*
 |  |
| 1. Is this address the same for correspondence?\*
 |  |
| 1. Do you have any contact in Brazil?\*
 |  |
| 1. IF YOU ANSWERED **YES** ON #6, Please answer the following\*
* Name of contact
* Address of contact
* Country
* State/Province
* Relationship
* Description of relationship
* Means of contact
 |  |

**ADDITIONAL DETAILS**

|  |  |
| --- | --- |
| 1. Information for legal reps
 |  |
| 1. Profession
 |  |
| 1. Name of employer/school
 |  |
| 1. Address
 |  |