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 |  |