



Ministry of Foreign Affairs



State of Israel



שירות קונסולרי עולמי
GLOBAL CONSULAR SERVICE
ISRAELI TOUR & TRAVEL MINISTRY OF FOREIGN AFFAIRS

Date: _____

VISA APPLICATION FORM

First Name: _____ Family Name: _____

Father's Name: _____ Mother's Name: _____

Grandfather's Name: _____ Grandfather's Name: _____

Passports:

Passport Type: _____ Passport No.: _____ Nationality: _____

Place of Issue: _____ Date of Issue: __/__/____ Valid Until: __/__/____
Day Month Year Day Month Year

Passport Type: _____ Passport No.: _____ Nationality: _____

Place of Issue: _____ Date of Issue: __/__/____ Valid Until: __/__/____
Day Month Year Day Month Year

City & Country of Birth: _____ Gender: _____ Date of Birth: __/__/____
Day Month Year

Personal Status: _____

No. of Children: _____

Religion: _____

Occupation: _____

Permanent Address: _____ since: __/__/____
Day Month Year

Date of Leaving the Country: __/__/____ Date of Entry to Israel: __/__/____
Day Month Year Day Month Year

Purpose of Journey: _____ Duration of stay _____.

Places visited in Israel: _____.

Accommodations in Israel: _____.

Have you ever filed an application form - not through the Ministry of Foreign Affairs, for the purpose of visiting Israel, the Palestinian National Authority or the Gaza Strip - that was denied? **Yes / No.**

If yes - When was the application submitted? __/__/____
Day Month Year

Where was the application submitted? _____.



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ISRAELI STATE & ISRAELI MINISTRY OF FOREIGN AFFAIRS

Date: _____

Have you ever simultaneously filed an application form to one of the Israeli authorities for the purpose of visiting Israel, the Palestinian National Authority or the Gaza Strip? **Yes / No.**

If yes - When was the application submitted? : __/__/____
Day Month Year

Where was the application submitted?
_____.

Do you intend to visit the West Bank or Gaza Strip? **Yes / No.**

If yes - please state where:
_____.

Telephone Numbers:

Home: ____ - ____ - _____
Country City Tel. No.

Work: ____ - ____ - _____
Country City Tel. No.

Cellphone Numbers: Mobile: ____ - ____ - _____
Country City Tel. No.

Mobile: ____ - ____ - _____
Country City Tel. No.

E-Mail Address (Capital Letter): _____@_____

Address in Country of Origin: _____.

If born OUTSIDE of country of residence - date of arrival: __/__/____.
Month Year

Do you have an Israeli ID? **Yes / No.** If yes - ID number: _____.

Countries visited in the past 5 years in the Middle East, Gulf, Africa, Malaysia and Indonesia:

Please note it is very important to fill in all the requested details. If there is not enough space, please continue on last page

Country	Dates of visit	Purpose	Country	Dates of visit	Purpose



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MOT TAU & ISRAEL, MINISTRY OF FOREIGN AFFAIRS

Date: _____

Countries where you have resided since birth BESIDES the current location:

Please note it is very important to fill in all the requested details. If there is not enough space, please continue on last page

Country	(Since)Date	(Until)Date	Purpose	Address

Dates of previous visits to Israel: _____
_____.

Siblings

Name	Family Name	Year of Birth	Address

Relatives and Contacts in Israel:

Full Name	ID No.	Address	Tel. No.	Nature of Relation:

