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| **US Visa Manual form** | |
| Frist Name: |  |
| Last Name: |  |
| Full Name in Native Alphabet: |  |
| Other Names Used: |  |
| Tele code Name Used: |  |
| Sex: |  |
| Marital Status: |  |
| Date of Birth: |  |
| City of Birth: |  |
| State: |  |
| Country/Region of Birth: |  |
| Country/Region of Origin (Nationality): |  |
| Do you hold or have you held any nationality other than the one indicated above on nationality? Yes/No |  |
| Are you a permanent resident of a country/region other than your country/region of origin (nationality) above? Yes/ No |  |
| National Identification Number: |  |
| U.S. Social Security Number: |  |
| U.S. Taxpayer ID Number: |  |

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| The List of Purposes of Trip to the U.S. | |
| |  |  | | --- | --- | | Purpose of Trip to the U.S. (1): |  | | Specify: |  | | |
| Have you made specific travel plans? |  |
| Intended Date of Arrival: | DD/MM/YYYY |
| Intended Length of Stay in U.S.: |  |
| Address where you will stay in the U.S.: Address | Area: |
|  |
| City: |
| State: |
| Zip Code: |
| Person/Entity Paying for Your Trip: Self/Other  (If other person is paying give below details) |  |
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| --- | --- |
| Person/Entity Paying for Your Trip: |  |
| Name of Person Paying for Your Trip |  |
| Telephone Number: |  |
| Email: |  |
| Address: |  |
| Relationship to You: |  |
| Other Persons Traveling with You: Yes/No (If yes give below details) |  |
| Are you traveling as part of a group or organization? Yes/No |  |
| Persons Traveling with You: | |
| |  |  | | --- | --- | | Name (1): |  | | Relationship to You: |  | | Name (2): |  | | Relationship to You: |  | | Name (3): |  | | Relationship to You: |  | | Name (4): |  | | Relationship to You: |  | |  |  | | |

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| Have you ever been in the U.S.?  Yes/No (if yes Provide information on your last five U.S. visits) |  | |
| Date Of arrival | DD/MM/YYYY | |
| Length of Stay: no of days |  | |
| Date Of arrival | DD/MM/YYYY | |
| Length of Stay: no of days |  | |
| Date Of arrival | DD/MM/YYYY | |
| Length of Stay: no of days |  | |
| Date Of arrival | DD/MM/YYYY | |
| Length of Stay: no of days |  | |
| Have you ever been issued a U.S. visa? Yes/No  (if yes give below details) | Yes/No | |
| Date of last visa issued | DD/MM/YYYY | |
| Visa number |  | |
| Are you applying for the same type of visa? | Yes/No | |
| Are you applying in the same country or location where the visa above was issued, and is this country or location your place of principal of residence? | Yes/No | |
| Have you been ten-printed? | Yes/No | |
| |  |  | | --- | --- | |  |  | | Has your U.S. Visa ever been lost or stolen? (If yes Mention Year of loss and reason) | | | | Yes/No | |
|  |  |
| Has your U.S. Visa ever been cancelled or revoked? (If yes explain reason)   |  |  | | --- | --- | |  |  | | Yes/No | |
|  | |
| Have you ever been refused a U.S.  Visa, or been refused admission to the  United States, or withdrawn your application for admission at the port of entry? Yes/ No  (If yes give reason) | Yes/No | |
|  | |
| Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services? | Yes/NO | |
| Current Home Address: |  | | |
|  |  | | |
| City: |  | | |
| State/Province: |  | | |
| Postal Zone/ZIP Code: |  | | |
| Country/Region: |  | | |
|  |  | | |
| Is your mailing address the Same as Home Address? Yes /No |  | | |
| Primary Phone Number: |  | | |
| Secondary Phone Number: |  | | |
| Work Phone Number: |  | | |
| Have you used additional phone numbers in the last five years? (If yes mention) | Yes/No | | |
| Email Address: |  | | |
| Have you used additional email addresses in the last five years? (If yes mention) | Yes/No | | |
| Do you have a social media presence? |  | | |
| |  |  | | --- | --- | | Social Media Provider/Platform (1): | Yes/No: Facebook/Instagram Etc | | (If Yes Give USER ID) |  | | | | |
| Have you used additional social media platforms in the last five years? |  | | |

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| (If Yes Give USER ID) |  |

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| Passport/Travel Document Type: |  |
| Passport/Travel Document Number: |  |
| Passport Book Number: |  |
| Country/Authority that Issued Passport/Travel Document: |  |
| City where issued: |  |
| State/Province where issued: |  |
| Country/Region where issued: |  |
| Issuance Date: |  |
| Expiration Date: |  |
| Have you ever lost a passport or had one stolen? Yes/No (If yes give Details passport no, country issued and reason of loss of passport) | Yes/No |
|  |
| Contact Person Name in the U.S.:  (Frist Name and Last Name) |  |
| Organization Name in the U.S.: |  |
| Relationship to You: |  |
| U.S. Contact Address: |  |
| City: |  |
| State and Zip Code: |  |
| Phone Number: |  |
| Email Address: |  |

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| Father's Surnames: |  |
| Father's Given Names: |  |
| Father's Date of Birth: |  |
| Is your father in the U.S.? |  |
| Mother's Surnames: |  |
| Mother's Given Names: |  |
| Mother's Date of Birth: |  |
| Is your mother in the U.S.? |  |
| Do you have any immediate relatives, not including parents in the U.S.? YES/NO  (If yes give below details) | Yes/No |
| Surname: |  |
| Frist Name: |  |
| Relationship to you: |  |
| Visa Status: US Citizen, Immigrant,  Non-Immigrant  (Specify from options given) |  |
| Do you have any other relatives in the United States? | Yes/No |

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| Spouse's Full Name: |  |
| Spouse's Date of Birth: |  |
| Spouse's Country/Region of Origin (Nationality): |  |
| Spouse's City of Birth: |  |
| Spouse's Country/Region of Birth: |  |
| Spouse’s Address: |  |

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| Primary Occupation: |  |
| Present Employer or School Name: |  |
| Present Employer or School Address: |  |
|  |  |
| City: |  |
| State/Province: |  |
| Postal Zone/Zip Code: |  |
| Country/Region: |  |
| Start Date: |  |
| Work Phone Number: |  |
| Monthly income in Local Currency |  |
| Briefly Describe your Duties: |  |
|  | |

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| --- | --- |
| Were you previously employed? Yes/No  (If yes give below details) | Yes/No |
| |  |  | | --- | --- | | Employer Name (1): |  | | Employer Address: |  | |  |  | | City: |  | | State/Province: |  | | Postal Zone/Zip Code: |  | | Country/Region: |  | | Telephone Number: |  | | Job Title: |  | | Supervisor's Surname: |  | | Supervisor's Given Name: |  | | Employment Date From: |  | | Employment Date To: |  | | Briefly describe your duties: |  | | |
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| Have you attended any educational institutions at a secondary level or above? (If yes give below details.) Yes/No | Yes/No |
| |  |  | | --- | --- | | Name of Institution (1): |  | | Address of Institution: |  | |  |  | | City: |  | | State/Province: |  | | Postal Zone/ZIP Code: |  | | Country/Region: |  | |  | | Course of Study: | | Date of Attendance From: |  | | Date of Attendance To: |  | | |
| |  |  | | --- | --- | | Do you belong to a clan or tribe? |  | | |  | | --- | | Language Name (1): | | Language Name (2): |  | | Language Name (3): |  | | | |  | | | Have you travelled to any countries/regions within the last five years? | 1.  2.  3.  4.  5.  6.  8.  9.  10. | | Have you belonged to, contributed to, or worked for any professional, social, or charitable organization? | Yes/No  Give Details: | | Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience? | Yes/No  Give Details: | | Have you ever served in the military? | Yes/No  Give Details: | | Have you ever served in, been a member of, or been involved with a paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization? | Yes/No  Give Details: |     Notes: | |