

VISITOR VISA APPLICATION FOR TOURIST
Ministry of Foreign Affairs
Guatemala C. A.

Visa No.: _____
Code: _____
Valid for: _____
Date: _____

This form must be completed in full.

Any false statement or presentation of false documents, disables the declarant to obtain the visa for Guatemala.

a) Name: _____
b) Date and place of birth: _____
c) Nationality: _____ d) Profession or occupation: _____
e) Marital status: _____ f) Sex: M _____ F _____
g) Home Address: _____
h) Home telephone No: _____ Cell Phone: _____ ID: _____
i) Passport Number: _____ Date of Issue: _____ Expiry: _____

a) Name of the company you work: _____
b) Position held: _____
c) Salary and monthly income: _____
d) Address where you work: _____
e) Work phone: _____ Extn: _____
f) Email: _____ @ _____

a) Address in Guatemala: _____
b) Do you have relatives or friends in Guatemala: YES _____ NO _____
(indicate relationship and occupation) _____
c) Reason for travel/visit to Guatemala: _____
d) Scheduled date of visit to Guatemala: _____
e) How long do you intend to be in the country: _____
f) Have you visited Guatemala before: YES _____ NO _____
(indicate date and reason)
g) What other countries have you visited _____

Signature of Applicant: _____ (city) _____ (date)

CONSULATE USE ONLY:

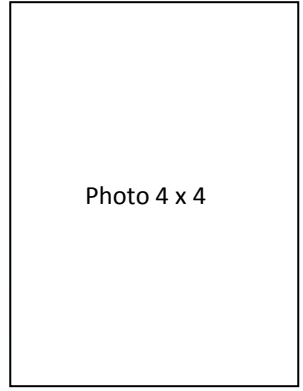
_____ Mutual Assistance
_____ Cooperation Guatemala

_____ Business Exchange
_____ Presence at events

In my view the applicant provided sufficient information to:

_____ give a visitor visa/tourist: single _____ / multiple _____.
_____ deny the visa application.

REMARKS: _____



Signature and seal of