

Protocol number	Visa number

## **VISA APPLICATION FORM**

O1 - Full name (as per passport; do not abbreviate or omit any name) First Middle Last					Attach photo here		
02 - Place of birth (city/state/cou	untry)	03 - Date o Day	f birth Mon	nth Year	- size: 40 mm x 35mm (1 9/6 x 1 3/8 inches)		
04 - Country of citizenship 07 - Passport #	05 - Sex male  for 600 for 1000 for 100	emale		xpiration date  Month Year	- white or off-white background - front view, full face - must be recent picture		
10 - Parent's full name (do not abbreviate or omit any name) and country of citizenship  Father's:  Mother's:							
11 – Highest level of education (check only one box)  12 - Major/primary field of study  13 - List any special skill and/or certificates							
some college credit, but less than one year more than one year of college, but no degree associate's degree (e.g., AA, AS) bachelor's degree (e.g., BA, AB, BS)		14 -	14 - Job position (as per business card) or title				
professional degree (e.g., MD, DDS DVM, LLB, JD)		ъB,	15 - Employer (for students, name school/university)				
doctorate degree 16 – E-mail:							
17 - Business address				18 - Business te	elephone # (with area code)		
19 - Home address				20 - Home telep	phone # (with area code)		
FOR OFFICIAL USE ONLY							
A - Consulta à SERE  OF TEL No		zação da SER DESPTEL	E No		o do Visto		
D - Concessão Denegação Impedimento	E - Uma entrada Múltiplas entra		Validade	eanos/dias	G - Data		
H - Observações		Ι-	Assinatur Funciona		Chefia		

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21 - Purpose of trip (check item that is the most applicable to the circumstances of your trip)				
Provide services in Brazil of a temporary nature, including activities such as office and technical support, installation and repair of equipment, including computer and telecommunications systems, construction activities, and direct supervision of personnel in Brazil  U.Sbased personnel involved in business development activities, including negotiating contracts, marketing, opportunity assessments, specifying orders for contracts, customer relations related activities, performance assessments, pr oject reviews, and establishing a framework for doing business in Brazil  Direct participation in oil and gas exploration and/or production activities  Work under an employment contract with a company/organization in Brazil - i.e., hired under a Brazilian labor contract as a local employee (this applies to the foreign employees of multinationals working in their Brazilian subsidiaries)  Transfer of residence to Brazil under permanent residency status  Attend conference, seminar or workshop (note under "Comments" below whether attendee, paid/unpaid speaker, trainer, and provide name of event sponsor)  Provide religious or missionary services and/or assistance  Provide community and/or medical services  Attend school or pursue studies  Conduct research or pursue studies  Conduct research or pursue scientific-technologic activities under an international cooperation program  Pursue professorial studies/research/teaching and/or pursue scientific/technologic activities at an university, research or similar organization (attach letter specifying conditions: employment contract? research scholarship?)  Participation in athletic or performing arts events (note under "Comments" below whether paid/unpaid participation)  Journalism activities and/or film making  As a government official  Tourism, visit friend(s) and/or relatives (under "Comments" below provide further insight on intended trip and, as applicable, list relationship to parties being visited)  Other:  Comments:				
22 - Expected port of entry and date of arrival in Brazil 23 - Expected duration of immediate trip				
24 - Name and address of person, institution or company through whom you can be contacted in Brazil				
25 - Address in Brazil where you will be staying (e.g., hotel, vessel, friend, other)  26 - Telephone # in Brazil (with city code)				
27 - Have you ever been to Brazil?  Yes  No  28 - If yes for item 27, provide date, place and duration of last visit				
IMPORTANT: FORMS THAT ARE INCOMPLETE AND INCORRECTLY FILLED OUT WILL BE RETURNED. CAREFULLY READ AND FOLLOW INSTRUCTIONS AT THE BOTTOM OF THIS PAGE.				
29 - I declare that the above information is true and accurate.  Name (type or print)  Date  Signature				
Day Month Year				
INCEDITORIO				
INSTRUCTIONS  Type or write in block letters, on blue or black ink only. Form can be filled out on line. Complete first and second pages, except for box marked "For Offical Use Only".  Answer all questions thoroughly and accurately. If a question does not apply, please type N/A.  Sign and date each form. Original signature is mandatory (no photocopy).				