



REPÚBLICA FEDERATIVA DO BRASIL
MINISTÉRIO DAS RELAÇÕES EXTERIORES

Pedido de Visto
VISA APPLICATION FORM

Protocolo

Visto

PLEASE TYPE OR PRINT. ANSWER ITEMS 1 THROUGH 26 (FIRST AND SECOND PAGE) AND SIGN. INCOMPLETE FORMS WILL BE RETURNED.

A - DADOS PESSOAIS (PERSONAL INFORMATION)

01 - First/Middle/Family Name)				
02 - Place of Birth (city/state/country)		03 - Date of birth Day Month Year		Attach 2"x 2" photo here
04 - Nationality	05 - Sex	06 - Marital Status		
07 - Passport #	08 - Issuing Country	09 - Expiration Date (D/M/Y)		
10 - Parent's Name and Nationality Father's: _____ Mother's: _____				
11 - Home Address		12 - Telephone # ()	13 - Profession	
14 - Business Address		15 - Telephone # ()	16 - Employer	
17 - Job Position or Title		18 - E-mail		

PARA USO OFICIAL (FOR OFFICIAL USE ONLY)

A - Consulta à SERE OF TEL No. _____		B - Autorização da SERE DESP DESPTel No. _____		C - Tipo do Visto _____	
D - Concessão Denegação Renovação		E - Entradas Uma Múltiplas		F - Prazo de Entrada _____anos/dias	
G - Data _____/_____/_____		H - Observações			
I - Assinaturas Funcionário Chefia					

19 - Purpose of trip (check one item that is the most applicable to the circumstances of your trip)

- ☐ In-country provision of services of temporary or permanent nature, including in-field services under contract and/or intra-company activities such as project management, technical support, training, auditing/accounting.
- ☐ Headquarters-based business development activities, including negotiating contracts, executive meetings, marketing assessment, specifying orders in contracts, customer relations related activities, performance assessment, establishing framework for doing business in Brazil.
- ☐ Import/Export business.
- ☐ Work on offshore platform/ship.
- ☐ Work under an employment contract with a company/organization in Brazil.
- ☐ Attend conference, seminar or workshop (attendee? Paid/unpaid speaker? Trainer? Name event sponsor).
- ☐ Professional training as an intern.
- ☐ Provide religious or missionary services and/or assistance.
- ☐ Provide community and/or medical services.
- ☐ Attend school or pursue studies.
- ☐ Conduct research or pursue scientific-technologic activities under an international cooperation program.
- ☐ Pursue professional studies/research/teaching and/or pursue scientific/technologic activities at an university, research or similar organization (employment contract? Short term pro-labore? Research scholarship?)
- ☐ Participation in athletic or performing arts events (paid/unpaid participation?)
- ☐ Journalism activities and/or film making.
- ☐ Official government mission/business.
- ☐ Visit friend(s) and/or relatives (inform below relationship; provide name and address on item 20).
- ☐ Tourism (inform below location, nature of trip, etc.)
- ☐

Other: _____

Comments: _____

20 - Name and address of person, institution or company where you can be contacted in Brazil

21 - Address while in Brazil

22 - Telephone #

23 - Place and date of arrival

24 - Destination

25 - Duration of intended stay (in days or years)

26 - Have you ever been to Brazil?

☐ Yes ☐ No

If yes, inform when, place and duration of stay

B - TERMO DE RESPONSABILIDADE (FORMAL STATEMENT)

27 - I declare that the above information is true and accurate.

Date

Name

Day

Month

Year

Signature

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