



REPÚBLICA FEDERATIVA DO BRASIL
MINISTÉRIO DAS RELAÇÕES EXTERIORES

Pedido de Visto
VISA APPLICATION FORM

Protocolo

Visto

PLEASE TYPE OR PRINT. ANSWER ITEMS 1 THROUGH 27 (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		B - Autorização da SERE		C - Tipo do Visto	
OF TEL No. _____		DESP DESPTL No. _____		_____	
D - Concessão	E - Entradas		F - Prazo de Entrada		G - Data
Denegação	Uma		_____anos/dias		_____/_/_____
Renovação	Múltiplas				
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 intracompany 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 professorial 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 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

