BRAZIL E-VISA

Last Name:						
First and Middle Names	:					
Passport Number:	ort Number:		Passport Type:		Tourist	Official
Passport Issue Date:	Pa	Passport Expiry Date:				
Gender:	Dat	Date of Birth:				
Present Nationality:	Co	Country of Residence:				
Is Applicant a Minor Chi	ld:					
Marital Status:	Sing	le Divo	rced	Married	Sepa	arated
Home Address:	# Street	Cit	у	Stat	e Z	Zip Code
Phone Number :	Email Address:					
Main purpose of trip to Brazil:						
Primary Occupation:						
Monthly income in local	currency:					
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Passport data page .jp	og format up	oload - 70	00 KB			

PAYMENT INFORMATION:

Credit Card Type: Amex Discover Mastercard Visa

Credit Card Number:

Expiry date: Security Code

Billing Address:

Security Questions:

Have you ever had a denied Brazilian visa?	•	Y	N	
Have you ever been repulsed or deported fro	m Brazil? `	Y	N	
Have you ever been accused of practicing tender humanity, war crimes or crimes of aggression Statute of the International Criminal Court?	in the terms			
Have you ever been arrested or convicted for subject of a pardon, amnesty, or other similar		or willful Y	crime, even N	though
Have you ever had your name included in a s by an international organization?	anction list t	by the Br	azilian gove	rnment or
Have you ever violated the principles or the o Constitution?	bjectives of N	the Brazi	ilian Federal	
Have you even had a restraining order or properson who currently is in Brazil?	tective order N	r against y	you related	to a
Do you have a communicable disease of pub	lic health siç	gnificance	e? Y	N
Have you even been unlawfully present, oversimmigration official or otherwise violated the	•		•	ed by an N

Terms and Conditions:

- a. He/she understands that in case of acceptance, a printout of the visa must be presented to the airline prior to boarding the flight at immigrations(port of entry when arriving in Brazil.
- b. He/she has checked all local regulations (country of origin) for reentry e.g: local country health regulations such as having yellow fever inoculations for reentry to be permitted
- c. He/she has taken the necessary measure for travel medical insurance or is willing to assume full responsibility for any inconveniences.

I have read and accepted the above Terms & Conditions.

Printed Name	Signature	Date
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