

APPLICATION FORM FOR A MEXICAN VISA

Embassy of Mexico in The Netherlands



I. PERSONAL DETAILS

1.- Surname (exactly as in passport)
2.- First name(s) (exactly as in passport)
3.- Passport number
4.- Nationality
5.- Original nationality
6.- Place and country of birth
7.- Date of birth
8.- Sex: male female
9.- Marital status: single married divorced
10.- Home address
11.- Telephone number

FOR OFICIAL USE ONLY

FM No.
No. de visa
No. de etiqueta
Aut. INM No. Fecha
Aut. de conformidad con el Instructivo Conjunto
Acreditó solvencia económica con: Propiedades inmobiliarias
Tarjeta (s) internacional (es) de crédito
Cuenta (s) bancaria (s)
Observaciones:

II. OCCUPATION

12.- Profession or occupation
13.- Name of organization or company
14.- Address
15.- Telephone
16.- Seniority and position
17.- Monthly income
18.- Other type(s) of income

III. COMPLEMENTARY INFORMATION

19.- Valid visas for other countries: type _____ Expiry date _____

20.- Place you will enter territory _____ 21.- Date _____

22.- Principal purpose of trip: Tourism Transit Business Studies Residence
Other _____
(specify)

23.- Destination _____ 24.- Length of stay _____

25.- Other cities to be visited _____

26.- Will you visit the northern border of Mexico: No Yes

27.- Indicate cities _____ 28.- Purpose(s) _____

29.- Will you visit the southern border of México: No si

30.- Indicate cities _____ 31.- Purpose(s) _____

32.- Have you applied for a Mexican visa before: No Yes

33.- That application was: authorized denied

34.- If you entered the Mexican territory before indicate:
Place and date visa was issued: _____

35.- What type of visa was issued and what was the expiry date: _____

I declare that all the information here is true, and authorize the Mexican Government to conduct any verification.

I am aware that the final admission into Mexico must be approved by the immigration and sanitary authorities at the Port of entry and that the issuance of this visa does not guarantee admission. I understand that the immigration and sanitary officials have the right to verify my compliance with all legal requirements.

Place and date _____

Signature

Recibió
(nombre y firma del funcionario
del SEM que recibe la solicitud)

Entrevisto
(nombre y firma del funcionario del
SEM que entrevista)

Autorizó
(nombre y firma del funcionario del
SEM que autoriza la solicitud)