



APPLICATION FOR VISITOR VISA (TEMPORARY RESIDENT VISA)

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

Personal Details

* 1. Full name (as shown on your passport)		2. Given name(s) (as shown on your passport)		
* 3. Have you ever used any other name (e.g. maiden name, nickname etc.) ?		4. Sex <input type="checkbox"/> *Male <input type="checkbox"/> *Female		
* 5. Date of birth (dd/mm/yy)	* 6. Place of birth (City/Town)	* 7. Citizenship(s)		
* 8. Current country of residence				
9. Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship for more than six months? <input type="checkbox"/> *Yes <input type="checkbox"/> *No				
Country	Status	Other	From (dd/mm/yy)	To (dd/mm/yy)
10. Country where applying: Same as current country of residence? <input type="checkbox"/> *Yes <input type="checkbox"/> *No				
Country	Status	Other	From (dd/mm/yy)	To (dd/mm/yy)
11. What is your current marital status? <input type="checkbox"/> *Single <input type="checkbox"/> *Married				
Provide the date on which you were married (dd/mm/yy)		Provide the full name of your current Spouse (as shown on his/her passport)		
12. Have you previously been married? <input type="checkbox"/> *Yes <input type="checkbox"/> *No				
Provide the full name of your previous Spouse (as shown on his/her passport)		Date of birth of your previous Spouse (dd/mm/yy)		

Language

*13. What is your native language?	*14. Are you able to communicate in Turkish?
*15. In which language are you most at ease?	*16. Have you taken a test from a designated testing agency to assess your proficiency in Turkish?

Passport

*17. Passport number	*18. Country of issue	*19. Issue date (dd/mm/yy)	*20. Expiry date (dd/mm/yy)
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National Identity Document

21. Do you have a national identity document? <input type="checkbox"/> *Yes <input type="checkbox"/> *No			
22. Provide the number of your national identity document	23. Country of issue	24. Issue date (dd/mm/yy)	25. Expiry date (dd/mm/yy)

Contact Information

26. Current mailing address					
27. Residential address					
28. Telephone no.			29. Alternate Telephone no.		
Type	Country Code	No.	Type	Country Code	No.
30. Fax no.			31. E-mail address		
Country Code	No.				

Details of Visit to Türkiye

*32. Purpose of my visit:			
33. Indicate how long you plan to stay	*From (dd/mm/yy)	*To (dd/mm/yy)	*34. Funds available for my stay
35. Name, address and relationship of any person(s) or institution(s) I will visit:			
*Name			
Relationship to me		*Address in Türkiye	

Education

36. Have you had any post secondary education (including university, college or apprenticeship training)? <input type="checkbox"/> *Yes <input type="checkbox"/> *No		
If you answered "yes", give full details of your highest level of post secondary education.		
From (mm/yy)	Field of study	School/Facility name
To (mm/yy)	City	Country/State

Employment

37. Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, Member of Parliament, hospital administrator, employee of a security organization). Do not leave gaps. If retired, not working or studying, please indicate. If you are retired, please provide the 10 years before your retirement.

1	*From (mm/yy)	*Current Activity/ Occupation	*Company/Employer/Facility name
	To (mm/yy)	*City	*Country/State

2	From (mm/yy)	Previous Activity/ Occupation	Company/Employer/Facility name
	To (mm/yy)	City	Country/State

3	From (mm/yy)	Previous Activity/ Occupation	Company/Employer/Facility name
	To (mm/yy)	City	Country/State

Background Information

You must complete this section if you are 18 years of age or older.

38.	a)	Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Türkiye? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	if you answered "yes" to question 38(a), please provide details.
39.	a)	have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Türkiye? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	Have you ever been refused a visa or permit, denied entry or ordered to leave Türkiye or any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No
	c)	Have you previously applied to enter or remain in Türkiye? <input type="checkbox"/> Yes <input type="checkbox"/> No
	d)	if you answered "yes" the questions 39 (a), (b), (c) please provide details.
40	a)	Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	If you answered "yes" to question 40 (a) above, please provide details.

41.	a)	Did you serve in any military, militia or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	If you answered "yes" to question 41 (a) please provide dates of service and countries where you served.
42.	a)	Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	If you answered "yes" to question 42 (a) please provide details.
43.	a)	Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b)	If you answered "yes" to question 43 (a) please provide details.

Family Information

44. A)

Name	Relationship	Date of birth	Present address (if deceased give city, country and date)	Will accompany you to Türkiye?	
				Yes	No
	Applicant			<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
	Spouse			<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
	Mother			<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		
	Father			<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:		

Note: If no spouse is listed in Section A, read and sign below.
I certify that I do not have a spouse.

Signature:

Date: (dd/mm/yy)

44. B) Children

Name	Relationship	Date of birth	Present address (if deceased give city, country and date)	Will accompany you to Türkiye?	
				Yes	No
Marital status:		Country of birth:	Present occupation:	<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	<input type="checkbox"/>	<input type="checkbox"/>

Note: If no children are listed in Section B, read and sign below.
I certify that I do not have any natural, adopted nor step-children.

Signature:

Date: (dd/mm/yy)

44. C) Brothers and sisters (include ALL brothers and sisters, ALL half-brother and sister and stepbrother and sister.)

Name	Relationship	Date of birth	Present address (if deceased give city, country and date)	Will accompany you to Türkiye?	
				Yes	No
Marital status:		Country of birth:	Present occupation:	<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		Country of birth:	Present occupation:	<input type="checkbox"/>	<input type="checkbox"/>

Note: If no brother or sister is listed in Section C, read and sign below.
I certify that I do not have a brother and sister.

Signature:

Date: (dd/mm/yy)

Note: Your personal data is processed and protected in accordance with the Personal Data Protection Law No. 6698.