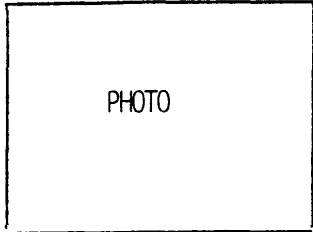


VISA NETWORK
717 Market Street #304
San Francisco, CA 94103
(415) 243-0701



CONSULADO GENERAL DE EL SALVADOR
870 MARKET STREET - SUITE 508
SAN FRANCISCO, CALIFORNIA 94102



APPLICATION FOR VISA TO ENTER EL SALVADOR

FORM 100

No. _____
MUST BE FILLED IN DUPLICATE

LEFT THUMB PRINT

I hereby apply for a visa to enter El Salvador as a _____ (tourist, diplomat, business, transit).

NAME OF APPLICANT: _____

PLACE AND DATE OF BIRTH: _____

HOME ADDRESS: _____ PHONE: () _____

CITIZENSHIP: _____ OCCUPATION: _____

NAME OF EMPLOYER: _____ PHONE: () _____

PASSPORT No. : _____ ISSUED AT: _____ DATE: ____ / ____ / ____

APPROXIMATE DATE OF ENTRY AT EL SALVADOR: _____

MEANS OF TRANSPORTATION : _____ PURPOSE OF TRIP: _____

RESIDENCE WHILE IN EL SALVADOR: _____

LENGTH OF STAY IN EL SALVADOR: _____

PERSONS ACCOMPANYING AND RELATIONSHIP :

<u>NAME OF PERSONS ACCOMPANYING:</u>	<u>RELATIONSHIP</u>	<u>PASSPORT No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SWORN STATEMENT: I HEREBY DECLARE UNDER OATH THAT DURING MY STAY IN EL SALVADOR, I WILL NOT PARTICIPATE IN ANY POLITICAL ACTIVITIES NOR PERFORM ANY ACTS WHICH MAY BE CONSTRUED AS INTERFERENCE IN THE INTERNAL AFFAIRS OF THE COUNTRY. I FURTHER DECLARE UNDER OATH THAT THE INFORMATION I FURNISH HERE IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE INFORMATION CONTAINED IN THIS DOCUMENT WILL BE GROUNDS TO HAVE THE VISA DENIED.

PLACE AND DATE: _____

SIGNATURE OF APPLICANT: _____

FOR OFFICIAL USE ONLY:

1. LOCAL POLICE CLEARANCE: _____

2. LETTER OF EMPLOYMENT: _____

3. THREE PHOTOGRAPHS: _____

4. PHOTOCOPY OF AIRPLANE ROUND TRIP TICKET: _____

5. NUMBER OF VISA CONSULTED : _____

6. ISSUED DATE : _____

REMARKS: Items 1 to 4 are required to be presented with application.

(APPLICANTS UNDER 18 YEARS OLD NEED APPLICATION SIGNED BY BOTH PARENTS BEFORE A NOTARY PUBLIC IF PARENTS ARE NOT REQUESTING VISA IN PERSON)