



VISA-APPLICATION B/A

Please fill out the form legibly in block letters

- 1. Surname _____
- 2. Given Name _____
- 3. Maiden Name _____
- 4. Previous Surnames _____
- 5. Civil Status single married
- widowed divorced
- 6. Date of Birth _____
- Place of Birth _____
- 7. Profession _____
- 8. Nationality _____
- 9. Previous / additional nationalities _____
- 10. Passport No. _____ valid until _____
- Place and date of issue _____
- Residence Permit _____ valid until _____
- 11. Permanent Address _____
- 12. Telephone _____ eMail _____
- 13. Address in Israel _____
- 14. Purpose of Travel
- Tourism Medical Tourism
- Business Family visit
- Culture/Sport Event Accompanying
- Pilgrimage Other: _____
- 15. Approximate duration of stay _____
- 16. Anticipated date and port of entry to Israel _____
- 17. Countries of Transit _____
- 18. Dates of previous visits to Israel _____
- 19. Name of accompanying children _____
- (visa application for each child must be filled out!)**
- 20. References in Israel _____
- in Switzerland _____
- 21. Remarks _____

**DECLARATION**

I declare that the particulars contained in this application are correct and have been made in awareness of the fact that they are to serve as basis for the consideration of my application. I also declare that I have not committed any criminal offence or any act directed against the Jewish people or the security of the state of Israel and that I am not affected with any illness which might endanger public health. There is no judicial warrant against me and I am not wanted by the police of any country.

I hereby declare that I have not been issued with a restraining order. Furthermore, I have not been denied entry into Israel. I am aware that if a preventive order of this kind has been issued against me, I will be denied entry into Israel, and will be sent back to my country of origin.

I am also aware that the receipt of a visa does not in any way invalidate the right of the Israel Ministry of the Interior to deny my entry into the territory of the State of Israel, if it becomes clear that the visa was issued on the basis of false information.

Signature of Applicant**Place and Date**

Botschaft des Staates Israel
Konsularabteilung
Alpenstrasse 32
3000 Bern 6

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Fax 031 356 35 55
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