



B1 VISA LETTER REQUEST FORM: 2016

Please clearly print all requested information

PART I: EXPATRIATE WORKER INFORMATION

1. Mr. Ms. Name: _____
(as appears on passport)
2. Date of Birth: _____ / _____ / _____ Country of Birth: _____
(day/month/year)
3. Passport Issuing Country: _____
4. Passport Number: _____ Passport Expiration Date: _____ / _____ / _____
(day/month/year)
5. Position in Organisation: _____ Min of Interior Apt: _____ / _____ / _____
(if known: day/month/year)
6. New Renewal-number of renewals: _____ Date of Entry into Israel: _____ / _____ / _____
(day/month/year)
7. Organisation Address in Israel: _____
(complete street address, including: building #, street, city, zip code)
8. Landline Telephone Number: _____ Fax Number: _____
(IN ISRAEL) (IN ISRAEL)
9. Cell Phone Number: _____ Email: _____
(IN ISRAEL)
10. Residential Address in Israel: _____
11. Marital Status: Single Married Life Partner Divorced

PART II: INFORMATION ON ACCOMPANYING NON-WORKING EXPAT FAMILY MEMBERS (IF APPLICABLE)

*Fill in Part II only if accompanying family member(s) are not Israeli citizens and are not working

12. Spouse Life Partner Name: _____
(as appears on passport)
 13. Spouse/Partner Passport Number: _____ Expiration Date: _____ / _____ / _____
(day/month/year)
 14. Passport Issuing Country: _____ Country of Birth: _____
- | | 1 st Child | 2 nd Child | 3 rd Child |
|----------------------------|-----------------------|-----------------------|-----------------------|
| 15. Name(s) of Child(ren): | | | |
| 16. Passport Numbers: | | | |
| 17. Issuing Country: | | | |

PART III: TO BE COMPLETED BY THE DIRECTOR OR HEAD OF MISSION

(Name of Expat) _____ is employed by our organization and **works in our Israel office** for not less than 15 hours per week. As Signatory herto, I hereby declare that the information supplied on this request form and its attachments is complete and true under penalties of perjury according to the Laws of Israel.

Signature _____ Date Signed _____
 Name of Signatory to the Request Form: _____
 Title of Signatory: _____
 Name of Organisation: _____

