



**Embassy of the Hashemite Kingdom of Jordan
Oslo**

Visa Application Form

First Name: _____ Middle Initial: _____ Last Name: _____

Birth Date: _____ Place of Birth: _____

Nationality: _____

Passport Number: _____ Type: _____

Date Issued: _____ Place Issued: _____

Valid Until: _____

Occupation: _____

Address: _____

Telephone Number: _____

E-mail: _____

Purpose of trip:

Tourist	Private	Official	Business
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Port of Entry: _____

Tour Operator & Airline: _____

Expected Date of Arrival: _____ Expected Date of Departure: _____

Type of Visa Required:

Single Entry	Two Entries	Multiple Entries
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I certify that the above mentioned details are correct:

Signature: _____ Date: _____

Oslo.consular@fm.gov.jo

Visa Number:

Date of Expiration:

Date Issued: