

**Angaben zum Reisenden / Traveler data** (pro Auftrag ist nur ein Auftragsformular nötig/Per order only one visa request form is required)

Reiseland/Country to Visit

Anzahl Einreisen/Nombre of Entries

Business - Tourist - Technical

Nachname/Last Name

Vorname/First Name

Nationalität/Nationality

Email

Telefon/Phone

**Angaben AssistentIn/Assitant data** (falls zutreffend/if available)

Nachname/Last Name

Vorname/First Name

Email

Telefon/Phone

Handy Nr./Cell phone

**Rechnungsadresse / Billing address**

Firmenname/Company Name

z.Hd./Attention to

**Rücksendeadresse / Passport return address**

Firmenname/Company Name

z.Hd./Attention to

*falls zutreffend/if available*

**Genaue Adresse/Exact Address**

**Genaue Adresse/Exact Address**






**Auftragsnummer/Kostenstelle/PO-Number/Cost Center**

**Rücksendung Pass/Return address for passport**

☐ Gleiche Adresse wie Rechnungsadresse/Same address as billing address

**Aus administrativen Gründen verlangen wir Kreditkartenzahlung bei Privatpersonen.**  
**For administrative reasons we require credit card payment for private persons.**

**Zahlung/Payment**

☐ Rechnung/Invoice

☐ Kreditkarte/Credit Card

**Kreditkarten-Nummer**

*Creditcard number*

**MM/JJ**

*Expiry Date*

**Datum des Auftrags/Date of Request**

**Pass zurück bis/Passport returned until:**

*please avoid sunday as returning date*

**Wählen Sie die Rücksendung/Select Return Shipment** (gilt nicht für eVisas/not valid for eVisas)

☐ Swiss Post Registered A-Post next working day (Monday-Friday) - CHF 9.00

☐ Swiss Post Registered EXPRESS next day (Monday-Saturday) - CHF 22.00

☐ DHL Courier Standard next working day (Monday-Friday) - CHF 18.50

☐ DHL Courier Rapid next working day (Monday-Friday) - CHF 23.50

☐ Courier - price on request

☐ Courier International - price on request

Mit diesem Auftrag erkenne ich die allg. Geschäftsbedingungen der Consular Service Fly GmbH an.  
 With this order I accept the general terms and conditions of Consular Service Fly Ltd.

**Required documents: Venezuela - Business**

**Validity of Visa:**

1 year

**Max. Duration of stay:**

180 days

**Permitted entries:**

multiple

- Our Visa Request Form
- Application form PDF - please fill in the application form
- Original passport, valid at least 6 months beyond return date
- Scan of first passport double page
- If non-Swiss - Copy Swiss residence permit B, C or G
- 2 passport photos 4,5 x 3,5 cm - good quality, colored, white background, not older than 4 months (The photos can also be sent to us digitally in jpg format + CHF 10/photo)
- Flight ticket
- Invitation letter: With company stamp, signature, indication of place of activity - Copy/scan sufficient (colored, good quality) - required language: spanish or english
- Employer's letter (letter of assignment with cost coverage and confirmation of employment) - Copy/scan sufficient (colored, good quality) - required language: spanish or english
- Additional documents: If the applicant is the owner of the company, the commercial register or an equivalent document (photocopy) is required

**Submission procedure: The application/passport is submitted and collected by us. Personal appearance by the applicant is generally not necessary. Send us all necessary documents by swiss post registered letter to our P.O. Box address.**

Processing time standard application      1 working week

Processing time express application      not available

Processing time urgent application      not available



EMBAJADA DE LA REPÚBLICA BOLIVARIANA DE VENEZUELA  
SECCIÓN CONSULAR

SOLICITUD DE VISA

2 FOTOS  
2 PHOTOS

|                                                           |                       |
|-----------------------------------------------------------|-----------------------|
| EMISIÓN POR<br>PRIMERA VEZ<br>ISSUE FOR THE<br>FIRST TIME | RENOVACIÓN<br>RENEWAL |
|                                                           |                       |

|                                               |
|-----------------------------------------------|
| N° DE NOTA<br>VERBAL<br>VERBAL NOTE<br>NUMBER |
|                                               |

1.- DATOS PERSONALES / PERSONAL INFORMATION

|                                                                                                                             |  |                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|
| APELLIDO:<br>LAST NAME:                                                                                                     |  | NOMBRE:<br>FIRST NAME:                             |  |
| LUGAR DE NACIMIENTO ( ESTADO O PROVINCIA Y PAÍS ):<br>PLACE OF BIRTH: ( STATE AND COUNTRY )                                 |  | FECHA DE NACIMIENTO:<br>DATE OF BIRTH: D/MM/YY     |  |
| NACIONALIDAD:<br>NATIONALITY:                                                                                               |  | SEXO: M( ) F( )<br>GENDER:                         |  |
| N° DE PASAPORTE ORDINARIO:<br>PASSPORT NUMBER.                                                                              |  | FECHA DE EMISIÓN:<br>DATE OF ISSUE:                |  |
|                                                                                                                             |  | FECHA DE EXPIRACIÓN:<br>EXPIRATION DATE            |  |
| ESTADO CIVIL:<br>MARITAL STATUS:                                                                                            |  | CASADO ( )<br>MARRIED                              |  |
|                                                                                                                             |  | SOLTERO ( )<br>SINGLE                              |  |
|                                                                                                                             |  | DIVORCIADO ( )<br>DIVORCED                         |  |
|                                                                                                                             |  | VIUDO ( )<br>WIDOWED                               |  |
|                                                                                                                             |  | OTRO ( )<br>OTHER                                  |  |
| DIRECCIÓN COMPLETA DE HABITACIÓN<br>HOME ADDRESS (Include number, street, city, state or province, postal zone and country) |  | TELÉFONO:<br>TELEPHONE:                            |  |
|                                                                                                                             |  | CORREO ELECTRÓNICO:<br>E-MAIL ADDRESS:             |  |
| PROFESIÓN U OCUPACIÓN:<br>PROFESSION OR OCCUPATION:                                                                         |  | ÚLTIMOS TRES (03) EMPLEOS:<br>LAST THREE JOBS:     |  |
|                                                                                                                             |  |                                                    |  |
| NOMBRE DE SU ACTUAL EMPLEADOR:<br>PROFESSION OR OCCUPATION:                                                                 |  |                                                    |  |
|                                                                                                                             |  |                                                    |  |
| CARGO Y DIRECCIÓN DE SU EMPLEO ACTUAL:<br>TITLE AND ADDRESS OF PRESENT EMPLOYER:                                            |  | NÚMERO TELF. DE OFICINA:<br>BUSINESS PHONE NUMBER: |  |
|                                                                                                                             |  |                                                    |  |
| NOMBRE, DIRECCIÓN Y TELÉFONO EN CASO DE EMERGENCIA:<br>NAME, ADDRESS AND PHONE IN CASE OF EMERGENCY:                        |  |                                                    |  |
|                                                                                                                             |  |                                                    |  |
|                                                                                                                             |  |                                                    |  |

**2.- DATOS DEL PASAPORTE ASIGNADO PARA SU MISIÓN / PASSPORT INFORMATION**

|                                                                                                                     |                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>No. PASAPORTE</b><br>PASSPORT NUMBER: _____                                                                      | <b>T IPO DE PASAPORTE</b><br>TYPE OF PASSPORT:<br><br>* <b>DIPLOMÁTICO</b> / DIPLOMATIC (    )<br>* <b>OFICIAL</b> / OFFICIAL (    )<br>* <b>ORGANIZACIÓN INTERNACIONAL</b> /<br>INTERNATIONAL ORGANIZATION (    )<br>* <b>OTRO</b> / OTHER ( ESPECIFIQUE / BE SPECIFIC |
| <b>LUGAR DE EMISIÓN</b><br><br>PLACE OF ISSUANCE<br><b>CIUDAD</b><br>CITY _____<br><br><b>PAÍS</b><br>COUNTRY _____ | <b>FECHA DE EMISIÓN</b><br>DATE OF ISSUE:<br><br><b>FECHA DE VENCIMIENTO</b><br>DATE OF EXPIRATION                                                                                                                                                                      |

**3.- DATOS SOBRE EL VIAJE / TRAVEL INFORMATION**

|                                                                                                                                                                                                                                                                              |                                          |                                                                                   |                                   |                                         |                                    |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------|------------------------------------|-----------------------------------|
| <b>TIPO DE VISA REQUERIDA:</b><br>TYPE OF VISA REQUESTED:<br><br><table><tr><td><b>OFICIAL (    )</b><br/>Official</td><td><b>DIPLOMÁTICA (    )</b><br/>Diplomatic</td><td><b>CORTESÍA (    )</b><br/>Courtesy</td><td><b>OTRA (    )</b><br/>OTHER _____</td></tr></table> |                                          |                                                                                   | <b>OFICIAL (    )</b><br>Official | <b>DIPLOMÁTICA (    )</b><br>Diplomatic | <b>CORTESÍA (    )</b><br>Courtesy | <b>OTRA (    )</b><br>OTHER _____ |
| <b>OFICIAL (    )</b><br>Official                                                                                                                                                                                                                                            | <b>DIPLOMÁTICA (    )</b><br>Diplomatic  | <b>CORTESÍA (    )</b><br>Courtesy                                                | <b>OTRA (    )</b><br>OTHER _____ |                                         |                                    |                                   |
| <b>HA TENIDO VISA ANTERIORMENTE? (INDIQUE TIPO Y TIEMPO DE VIGENCIA)</b><br>HAVE YOU HAD A VISA ABOVE? (INDICATE TYPE AND TIME OF VALIDITY)                                                                                                                                  |                                          |                                                                                   |                                   |                                         |                                    |                                   |
| <b>MOTIVO DE SU VIAJE (especifique actividades a desempeñar):</b><br>WHAT IS THE PURPOSE OF YOUR TRIP? (be specific)                                                                                                                                                         |                                          | <b>TIEMPO DE PERMANENCIA EN VENEZUELA</b><br>HOW LONG WILL YOU STAY IN VENEZUELA? |                                   |                                         |                                    |                                   |
| <b>INDIQUE CARGO A EJERCER Y FUNCIONES :</b><br>INDICATE CHARGE TO EXERCISE AND FUNCTIONS:                                                                                                                                                                                   |                                          |                                                                                   |                                   |                                         |                                    |                                   |
| <b>INDIQUE LAS ÚLTIMAS DESIGNACIONES DE CARÁCTER OFICIAL QUE LE HAN SIDO ENCOMENDADAS:</b><br>INDICATE THE LAST OFFICIAL DESIGNATIONS THAT HAVE BEEN COMMITTED TO YOU:                                                                                                       |                                          |                                                                                   |                                   |                                         |                                    |                                   |
| <b>¿QUIÉN ES RESPONSABLE ECONÓMICAMENTE POR SU VIAJE?</b><br>WHO IS RESPONSIBLE FOR YOUR TRIP EXPENSES?                                                                                                                                                                      |                                          |                                                                                   |                                   |                                         |                                    |                                   |
| <b>NOMBRE, DIRECCIÓN Y TELÉFONO DE LA PERSONA / EMPRESA A CONTACTAR EN VENEZUELA</b><br>NAME & ADDRESS & PHONE OF THE PERSON/COMPANY TO BE CONTACTED IN VENEZUELA:                                                                                                           |                                          |                                                                                   |                                   |                                         |                                    |                                   |
| <b>LUGAR DE ALOJAMIENTO EN VENEZUELA. ESPECÍFIQUE NOMBRE, DIRECCIÓN Y TELÉFONO</b><br>NAME, ADDRESS & PHONE NUMBER OF WHERE YOU WILL BE STAYING IN VENEZUELA:                                                                                                                |                                          |                                                                                   |                                   |                                         |                                    |                                   |
| <b>LÍNEA AEREA Y NÚMERO DE VUELO</b><br>AIRLINE & FLIGHT NUMBER:                                                                                                                                                                                                             | <b>FECHA DE ENTRADA</b><br>ARRIVAL DATE: | <b>FECHA DE SALIDA:</b><br>DEPARTURE DATE:                                        |                                   |                                         |                                    |                                   |

#### 4.- INFORMACIÓN ADICIONAL / ADDITIONAL INFORMATION

|                                                                                                                                                                                      |                                                               |                                                          |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|
| <div>¿HA VISITADO VENEZUELA ALGUNA VEZ? NO ( ) SI ( ) SI ES AFIRMATIVO, CUANTAS VECES?</div> <div>HAVE YOU EVER BEEN TO VENEZUELA? NO ( ) YES ( ) IF YES, HOW MANY TIMES?</div>      |                                                               |                                                          |                                                               |
| <div>ESPECIFIQUE LAS FECHAS:</div> <div>BE SPECIFIC ABOUT DATES:</div>                                                                                                               |                                                               | <div>¿POR CUANTO TIEMPO?</div> <div>FOR HOW LONG ?</div> |                                                               |
| <div>¿POR QUÉ MOTIVO? ESPECIFIQUE</div> <div>REASON OF YOUR VISIT? BE SPECIFIC</div>                                                                                                 |                                                               |                                                          |                                                               |
| <div>¿OTRAS PERSONAS VIAJEN CON USTED? NO ( ) SI ( )</div> <div>¿OTHER PERSONS TRAVELLING WITH YOU? NO ( ) YES ( )</div>                                                             |                                                               |                                                          |                                                               |
| <div>NOMBRE</div> <div>NAME:</div>                                                                                                                                                   | <div>RELACIÓN CON USTED</div> <div>RELATIONSHIP TO YOU:</div> | <div>NOMBRE</div> <div>NAME:</div>                       | <div>RELACIÓN CON USTED</div> <div>RELATIONSHIP TO YOU:</div> |
| <div>NOMBRE</div> <div>NAME:</div>                                                                                                                                                   | <div>RELACIÓN CON USTED</div> <div>RELATIONSHIP TO YOU:</div> | <div>NOMBRE</div> <div>NAME:</div>                       | <div>RELACIÓN CON USTED</div> <div>RELATIONSHIP TO YOU:</div> |
| <div>¿QUÉ PAISES HA VISITADO USTED EN LOS ULTIMOS CINCO AÑOS?</div> <div>WHAT COUNTRIES HAVE YOU VISITED IN THE LAST FIVE YEARS?</div>                                               |                                                               |                                                          |                                                               |
| <div>HA PRESTADO SERVICIO MILITAR?</div> <div>HAVE YOU PROVIDED MILITARY SERVICE?</div>                                                                                              |                                                               |                                                          |                                                               |
| <div>¿ALGUNA VEZ SU VISA HA SIDO DENEGADA O REVOCADA? EN CASO DE SER AFIRMATIVO, ESPECIFIQUE</div> <div>¿HAS YOUR VENEZUELAN VISA EVER BEEN DENIED OR REVOKED? IF YES, EXPLAIN</div> |                                                               |                                                          |                                                               |
| <div>FECHA / DATE: _____ FIRMA SOLICITANTE / APPLICANT'S SIGNATURE _____</div>                                                                                                       |                                                               |                                                          |                                                               |



**USO DE LA SECCIÓN CONSULAR  
FOR OFFICIAL USE**