签证申请表 Visa Application Form

1.	中文姓名		2. 曾用名			
	Chinese Name		Fomer Name 4. 性别:	男女	11	
3.	外文姓名	4. 生剂:		照片		
	Surname Given Nat	Sex	M F			
6.	出生日期 年 月	E	7. 出生地		Photo	
	Date of birth Year Month	Day	Place of birth			
8.	国籍	9.	曾有过何国籍			
	Nationality		Former nationality (If an	y)		
10.	职业、工作单位及电话					
	Occupation, company and phone					
11.	家庭住址及电话					
	Home address and phone No.					
12.	护照种类: 外交 公约	务(官员)	普通	其他		
		vice (Official)	Ordinary	Others		
		效期至				
- 10		alid until				
13.						
	Purpose of journey and place to visit in China					
14	14. 邀请单位名称或邀请人姓名、地址、电话					
14.	返頃半位石林以返頃へ姓石、池址、屯岳 Company or person to visit in China, name(s), address and phone					
	Company of person to visit in Clinia, name(s), address and phone					
15.	拟入境日期 年	月	E			
	Intended date of entry Year	Month	Day			
16.	拟入境次数 一次	二次	多次	每次停留天数		
	Number of entries single	Double	Multiple	Duration of each stay		
17.	是否申请过赴华签证		是 否			
17.						
	Have you ever applied for a Chinese visa before? Yes No					
18.						
Have you ever been declined for your Chinese visa application Yes No						
被拒时间、地点 If declined, when and where						
,						
19. 使用同一护照的偕行人						
	Accompanying persons included in passport					
	姓名 出生年月		与申请	与申请人关系		
	Full Neme Date of	of birth	Relatio	onship to applicant		
20	业谋吉明业口上 南五 戸訪 山は ロフレン・	卜宓 并对让众主				
20. 我谨声明我已如实和完整地填写了上述内容,并对此负责 I hereby declare that the information given above is true, correct and complete, I shall bear the responsibility for the above information.						
	I hereby declare that the information given 年 月	above 1s true, corre 티	ct and complete, I shall t	ear the responsibility for the 签名	above information.	
	Year Month	Day		Signature		
L 1/1 T	Teal Monutary Teal Control official use only)	Day		Signature		
Address: 515 ST. Patrick Street						
	wa, Ontario K1N 5H3			签发记录		
Tel: (613)789 9608 Fax: (613)789 1414						
Office hour: 9:00am—1:00pm Mon. to Fri.						
	(使领馆地址和办公时间)					