White Glove China Visa Service

Please answer all the questions and <u>legibly</u> complete all the fields of the following questionnaire. Return to GenVisa with the rest of the required information listed on Visa Requirements page for China. **Any mistakes will delay processing and/or require the process to be repeated**.

PERSONAL INFORMATION:

Full name as appears in passport Previous Legal Names:	
(If your name has legally changed (e.g., due to marriage or dive here)	orce, via court order), list your previous name(s)
Date of Birth(mm/dd/yyyy):/ S	ex: Male Female
Country of Birth: City:	State/Province:
Driver's License #:	
Marital Status: Married Single (Never Married)	Divorced Separated Widowed
Are you a Former Chinese National: YES NO	
Name in Chinese (if applicable)	
Please Note: MUST be typed in Chinese characters	
Former Chinese Passport #: Former C	Chinese ID #:
Current Nationality (Citizenship): Previou	us Nationality (Citizenship):
Full Home Address:	
City: State/Province:	Zip Code:
Home Phone #: Mobile Pl	none#:
Email Address:	
PASSPORT DETAILS:	
Passport Number: Date of Issue:	Date of Expiry:
Have you ever had a lost/stolen Passport? YES	
If yes, please provide details of lost/stolen passport:	
Passport #:Country of Issue:	Date of issue:
Where was it lost/stolen:	
Date it was lost/stolen (DD/MM/YYYY):	

VISA DETAILS:

Purpose of Visit:Business (M)Tourist (L)Number of Entries:SingleDoubleMultipleValidity Requested (in Months):______Maximum Duration of Stay (in Days):______

EMPLOYMENT HISTORY:

Please list your employment/work history from the date of school graduation (even if you did not graduate from college)

*Please start with your current Employer & use a separate sheet of paper if necessary

Current Employment:

Name of Employer:				
Position:	Duty			
		City:		
State/Province:	ZIP Code:	Phone number:		
Supervisor's Name	Sup	ervisor's Telephone:		
Dates of Employment (MI	M/DD/YYYY): from	to		
Annual Income (USD):				
Previous Employment:				
Name of Employer:				
Position:	Duty	:		
Address:		City:		
State/Province:	ZIP Code:	City: ZIP Code:Phone number:		
Supervisor's Name:	Supervisor's Telephone:			
Dates of Employment (MI	M/DD/YYYY): from	to		
Name of Employer:				
Position:	Duty	:		
Address:		City:		
State/Province:	ZIP Code:	Phone number:		
Supervisor's Name:				
Dates of Employment (MI				

EDUCATION HISTORY:

What Languages do you speak other than English (If any):

Please start highest education compaper if necessary)	pleted, including High Sch	ool. (I	Use a separate sheet of
Most Recent Educational Institution	on:		
Name of School:			
Dates of Attendance (MM/DD/YY	YY):	to	
Address:			
City:	State/Province:		ZIP Code:

Degree Obtained:	Major/Area of Study:	
Previous Educational Institution:		
Name of School:		
Dates of Attendance (MM/DD/YYYY):	to	
Address:		
City: State/Pro	ZIP Code:	
Degree Obtained:	ovince: ZIP Code: _ Major/Area of Study:	
FAMILY INFORMATION:		
SPOUSE:		
Full name as appears in passport	State/Province: Spouse's Occupation: r (if different from applicant):	
Date of Birth(MM/DD/YYYY): /	/	
Country of Birth:	ty: State/Province:	
Current Citizenship:	Spouse's Occupation:	
Spouse's Current address and phone numbe	r (if different from applicant):	
Country of Birth: Cit	_/ Father deceased? Yes No ty: State/Province: Father's Occupation: :	
MOTHER INFORMATION: Full name as appears in passport Date of Birth (MM/DD/YYYY):/_ Country of Birth: Cit Current Citizenship: Mother's Current address and phone numbe	Mother's Occupation:	

CHILDREN INFORMATION: Do you have Children? YES

NO

CHILD'S FULL NAME	DATE OF BIRTH	CITIZENSHIP	OCCUPATION	HOME ADDRESS
	(MM/DD/YYYY)			(If different than Parent's)

FAMILY IN CHINA:

Do you have any relatives in China?	YES	NO	
Chinese Citizen or Resident:			
What type of visa do they hold (if any):		

INFORMATION ABOUT YOUR TRIP TO CHINA:

Date of Entry (MM/DD/YYYY):	City/Port of Arrival:
Flight Number:	Airport:
Date of Departure (MM/DD/YYYY):	City/Port of Departure:
Flight Number:	Airport:

HOTEL STAY:

Please use the table below to list the hotel information for your entire stay.

HOTEL NAME	FULL ADDRESS	CHECK-IN DATE	CHECK-OUT DATE
	including street	DD/MM/YYYY	DD/MM/YYYY
	address + building/unit		
	number, city,		
	state/province, district		

INFORMATION ABOUT INVITING ORGANIZATION IN CHINA:

Name of Company/Contact Person in China:	
Address:	
District:	City:
Province/Region:	Postal Code:
Chinese Telephone Number:	
Email:	

EMERGENCY CONTACT INFORMATION IN HOME COUNTRY:

Full name as appears in passp	ort		
Full Address:			
City:	State/Province:	Postal Code:	
Home Phone #:	Mobile	Phone #:	
Email Address:			
Relationship to Applicant:			

INFORMATION ON WHO WILL COVER YOUR TRIP:

Please complete if the trip	is paid by someone other the	han yourself or your emplo	yer:
Name of Guarantor:			-
Relationship to you:			
Address:			
City:	State:	Postal Code:	
Telephone:	Email:		
YOUR TRAVEL HISTO	<u>RY:</u>		
- Have you visited China	the past 3 years? YES	NO	
If yes, please provide a sc	an of your most recent Chin	nese visa.	
Cities Visited:	-		
Date of Entry (MM/DD/Y	YYY): I	Date of Exit:	
- Have you ever had a Ch	inese visa? YES N	10	

If yes, please provide a copy of your most recent Chinese visa.

Visa Type: _____ Visa Number: _____ Consulate issued by (location): _____ Date of Issue: ____

- Have you ever been fingerprinted when applying for a Chinese Visa? YES NO

- Have you ever been issued a Resident Permit? YES NO

If yes, please provide Resident Permit Number:

- Have you ever had a China visa stolen/lost? YES NO

If yes, please provide detail below:

Where was it lost:

YOUR TRAVEL HISTORY:

Please use the table below to list the countries you have visited in the last 5 years, with the date of visit.

Please list if you hold current visas for those countries. If you need additional space, please use a separate sheet of paper.

Date of Visit Day Month Year	Country	Do hold a valid visa for this country?

ADDITIONAL INFORMATION:
- Have you ever had a Chinese Visa Cancelled? YES NO
- Have you ever entered China illegally? YES NO
- Do you have a Criminal Record? YES NO
If yes, please provide details:
- Do you have any serious mental disorder or infectious disease? YES NO
If yes, please provide details:
- Have you visited any countries where there is an epidemic in the past 30 days? YES NO
If yes, where:
- Have you ever been a member of the military? YES NO (complete details below)
Country: Service (i.e. US Navy): Rank:
Place of Posting (city, state/province, country):
Military Specialization:
Dates of Active Service (MM/DD/YYYY): from to
- Are you currently serving in the military reserves? YES NO
- Have you ever been Trained in Firearms, Explosives, Nuclear Devices, Chemical or Biological
Products? YES NO
- Have you ever served in a Paramilitary Organization? YES NO
If yes, please provide details:
- Have you ever belonged to a professional, social, or charitable organization? YES NO
If yes, please provide details:

I hearby declare that I have read and understood all the questions in this application and shall bear all legal consequences for the authenticity of the information and materials I provide.

Signature_____