

# 中华人民共和国签证申请表

Visa Application Form of the People's Republic of China

(For the Mainland of China only)

申请人必须如实、完整、清楚地填写本表格。请逐项在空白处用中文或英文大写字母打印填写，或在□内打√选择。如有关项目不适用，请写“无”。The applicant should fill in this form truthfully, completely and clearly. Please type the answer in capital English letters in the space provided or tick (√) the relevant box to select. If some of the items do not apply, please type N/A or None.

## 一、个人信息 Part 1: Personal Information

1.1 英文姓名 Full English name as in passport	姓 Last name		粘贴一张近期正面免冠、浅色背景彩色护照照片。 <b>照片/Photo</b> Affix one recent color passport photo (full face, front view, bareheaded and against a plain light colored background).
	中间名 Middle name		
	名 First name		
1.2 中文姓名 Name in Chinese	1.3 别名或曾用名 Other name(s)		
1.4 性别 Sex <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F	1.5 出生日期 DOB(yyyy-mm-dd)		
1.6 现有国籍 Current nationality(ies)		1.7 曾有国籍 Former nationality(ies)	
1.8 出生地点(市、省/州、国) Place of birth(city, province/state, country)			
1.9 身份证/公民证号码 Local ID/ Citizenship number			
1.10 护照/旅行证件种类 Passport/Travel document type		<input type="checkbox"/> 外交 Diplomatic <input type="checkbox"/> 公务、官员 Service or Official <input type="checkbox"/> 普通 Ordinary <input type="checkbox"/> 其他证件(请说明) Other (Please specify):	
1.11 护照号码 Passport number		1.12 签发日期 Date of issue(yyyy-mm-dd)	
1.13 签发地点 Place of issue		1.14 失效日期 Date of expiry(yyyy-mm-dd)	
1.15 当前职业 (可选多项) Current occupation(s)	<input type="checkbox"/> 商人 Businessperson <input type="checkbox"/> 前/现任议员 Former/incumbent member of parliament <input type="checkbox"/> 公司职员 Company employee 职位 Position _____ <input type="checkbox"/> 演艺人员 Entertainer <input type="checkbox"/> 前/现任政府官员 Former/incumbent government official <input type="checkbox"/> 工人/农民 Industrial/Agricultural worker 职位 Position _____ <input type="checkbox"/> 学生 Student <input type="checkbox"/> 军人 Military personnel <input type="checkbox"/> 乘务人员 Crew member 职位 Position _____ <input type="checkbox"/> 自雇 Self-employed <input type="checkbox"/> 非政府组织人员 NGO staff <input type="checkbox"/> 无业 Unemployed <input type="checkbox"/> 宗教人士 Religious personnel <input type="checkbox"/> 退休 Retired <input type="checkbox"/> 新闻从业人员 Staff of media <input type="checkbox"/> 其他(请说明) Other (Please specify):		
1.16 受教育程度 Education	<input type="checkbox"/> 研究生 Postgraduate <input type="checkbox"/> 大学 College <input type="checkbox"/> 其他(请说明) Other (Please specify):		
1.17 工作单位/学校 Employer/School	名称 Name		联系电话 Phone number
	地址 Address		邮政编码 Zip Code

1.18 家庭住址 Home address		1.19 邮政编码 Zip Code	
1.20 电话/手机 Home/mobile phone number		1.21 电子邮箱 E-mail address	
1.22 婚姻状况 Marital status <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 单身 Single <input type="checkbox"/> 其他 Other (Please specify):			
1.23 主要家庭成员 (配偶、子女、父母等, 可另纸) Major family members (spouse, children, parents, etc., may type on separate paper)	姓名 Name	国籍 Nationality	职业 Occupation
1.24 紧急联系人信息 Emergency Contact	姓名 Name	手机 Mobile phone number	
	与申请人的关系 Relationship with the applicant		
1.25 申请人申请签证时所在的国家或地区 the applicant is located when applying for this visa		Country or territory where	

## 二、旅行信息 Part 2: Travel Information

2.1 申请入境事由 Major purpose of your visit	<input type="checkbox"/> 官方访问 Official Visit	<input type="checkbox"/> 常驻外交、领事、国际组织人员 As resident diplomat, consul or staff of international organization <input type="checkbox"/> 永久居留 As permanent resident <input type="checkbox"/> 工作 Work <input type="checkbox"/> 寄养 As child in foster care
	<input type="checkbox"/> 旅游 Tourism	
	<input type="checkbox"/> 交流、考察、访问 Non-business visit	
	<input type="checkbox"/> 商业贸易 Business & Trade	
	<input type="checkbox"/> 人才引进 As introduced talent	
	<input type="checkbox"/> 执行乘务 As crew member	
	<input type="checkbox"/> 过境 Transit	
	<input type="checkbox"/> 短期探望中国公民或者具有中国永久居留资格的外国人 Short-term visit to Chinese citizen or foreigner with Chinese permanent residence status	
<input type="checkbox"/> 短期探望因工作、学习等事由在中国停留居留的外国人 Short-term visit to foreigner residing in China due to work, study or other reasons	<input type="checkbox"/> 长期探望因工作、学习等事由在中国居留的外国人 As accompanying family member of foreigner residing in China due to work, study or other reasons	
<input type="checkbox"/> 短期学习 Short-term study for less than 180 days	<input type="checkbox"/> 长期学习 Long-term study for over 180 days	
<input type="checkbox"/> 短期采访报道 As journalist for temporary news coverage	<input type="checkbox"/> 外国常驻中国新闻机构记者 As resident journalist	
<input type="checkbox"/> 其他 (请说明) Other (Please specify):		
2.2 计划入境次数 Intended number of entries	<input type="checkbox"/> 一次 (自签发之日起 3 个月有效) One entry valid for 3 months from the date of issue <input type="checkbox"/> 二次 (自签发之日起 3-6 个月有效) Two entries valid for 3 to 6 months from the date of issue <input type="checkbox"/> 半年多次 (自签发之日起 6 个月有效) Multiple entries valid for 6 months from the date of issue <input type="checkbox"/> 一年多次 (自签发之日起 1 年有效) Multiple entries valid for 1 year from the date of issue <input type="checkbox"/> 其他 (请说明) Other (Please specify):	
	2.3 是否申请加急服务 Are you applying for express service? 注: 加急服务须经领事官员批准, 将加收费用。Note: Express service needs approval of consular officials, and extra fees may apply.	
	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
	2.4 本次行程预计首次抵达中国的日期 Expected date of your first entry into China on this trip (yyyy-mm-dd)	


2.5 预计行程中单次在华停留的最长天数 Longest intended stay in China among all entries		Days
2.6 在中国境内行程 (按时间顺序, 可附另纸填写) Itinerary in China (in time sequence, may type on separate paper)	日期 Date	详细地址 Detailed address
2.7 谁将承担在中国期间的费用? Who will pay for your travel and expenses during your stay in China?		
2.8 中国境内邀请单位或个人信息 Information of inviter in China	姓名或名称 Name	
	地址 Address	
	联系电话 Phone number	
	与申请人关系 Relationship with the applicant	
2.9 是否曾经获得过中国签证? 如有, 请说明最近一次获得中国签证的时间和地点。Have you ever been granted a Chinese visa? If applicable, please specify the date and place of the last time you were granted the visa.		
2.10 过去 12 个月中访问的其他国家或地区 Other countries or territories you visited in the last 12 months		

### 三、其他事项 Part 3: Other Information

3.1 是否曾在中国超过签证或居留许可允许的期限停留? Have you ever overstayed your visa or residence permit in China?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3.2 是否曾经被拒绝签发中国签证, 或被拒绝进入中国? Have you ever been refused a visa for China, or been refused entry into China?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3.3 是否在中国或其他国家有犯罪记录? Do you have any criminal record in China or any other country?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3.4 是否具有以下任一种情形 Are you experiencing any of the following conditions? ① 严重精神障碍 Serious mental disorder ② 传染性肺结核病 Infectious pulmonary tuberculosis ③ 可能危害公共卫生的其他传染病 Other infectious disease of public health hazards	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3.5 近 30 日内是否前往过流行性疾病传染的国家或地区? Did you visit countries or territories affected by infectious diseases in the last 30 days?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3.6 如果对 3.1 到 3.5 的任何一个问题选择“是”, 请在下面详细说明。 If you select Yes to any questions from 3.1 to 3.5, please give details below.	

3.7 如果有本表未涉及而需专门陈述的其他与签证申请相关的事项, 请在此或另纸说明。  
If you have more information about your visa application other than the above to declare, please give details below or type on a separate paper.

3.8 如申请人护照中的偕行人与申请人一同旅行, 请将偕行人照片粘贴在下面并填写偕行人信息。If someone else travels and shares the same passport with the applicant, please affix their photos and give their information below.

偕行人信息 Information 	偕行人 1 Person 1  粘贴照片于此 Affix Photo here	偕行人 2 Person 2  粘贴照片于此 Affix Photo here	偕行人 3 Person 3  粘贴照片于此 Affix Photo here
	姓名 Full name		
性别 Sex			
生日 DOB (yyyy-mm-dd)			

#### 四、声明及签名 Part 4: Declaration & Signature

4.1 我声明, 我已阅读并理解此表所有内容要求, 并愿就所填报信息和申请材料的真实性承担一切法律后果。  
I hereby declare that I have read and understood all the questions in this application and shall bear all the legal consequences for the authenticity of the information and materials I provided.

4.2 我理解, 能否获得签证、获得何种签证、入境次数以及有效期、停留期等将由领事官员决定, 任何不实、误导或填写不完整均可能导致签证申请被拒绝或被拒绝进入中国。  
I understand that whether to issue a visa, type of visa, number of entries, validity and duration of each stay will be determined by consular official, and that any false, misleading or incomplete statement may result in the refusal of a visa for or denial of entry into China.

4.3 我理解, 根据中国法律, 申请人即使持有中国签证仍有可能被拒绝入境。  
I understand that, according to Chinese law, applicant may be refused entry into China even if a visa is granted.

申请人签名

Applicant's signature: \_\_\_\_\_

日期

Date (yyyy-mm-dd): \_\_\_\_\_

注: 未满 18 周岁的未成年人须由父母或监护人代签。Note: The parent or guardian shall sign on behalf of a minor under 18 years of age.

五、他人代填申请表时填写以下内容 Part 5: If the application form is completed by another person on the applicant's behalf, please fill out the information of the one who completes the form

5.1 姓名 Name		5.2 与申请人关系 Relationship with the applicant	
5.3 地址 Address		5.4 电话 Phone number	

#### 5.5 声明 Declaration

我声明本人是根据申请人要求而协助填表, 证明申请人理解并确认表中所填写内容准确无误。  
I declare that I have assisted in the completion of this form at the request of the applicant and that the applicant understands and agrees that the information provided is true and correct.

代填人签名/Signature: \_\_\_\_\_

日期/Date (yyyy-mm-dd): \_\_\_\_\_

# 中华人民共和国签证申请表附表

إستمارة إضافية طلب تأشيرة الدخول لجمهورية الصين الشعبية

Supplementary Visa Application Form of the People's Republic of China

الاسم الكامل بالإنجليزية Name in English	
رقم الجواز Passport number	
تاريخ الميلاد Date of birth (yyyy-mm-dd)	

A、 لطلب العمل بالصين (تأشيرة Z) ، إملأ التالي

If you are applying to work in China (Z-visa), please fill out the following:

1. المستوى التعليمي. Education	<input type="checkbox"/> Bachelor جامعي <input type="checkbox"/> Master's ماجستير <input type="checkbox"/> Doctorate or higher دكتور أو مؤهل عالي <input type="checkbox"/> أخرى (يرجى التوضيح) Other (Please specify):.....
2. اسم آخر مدرسة ، جامعة ، كلية ، أو أي معهد تعليمي آخر Name of your last school, college, university or other educational institution	
3. التخصصات الدراسية. Your major or focus in studies	
4. المؤهل الفني أو المهني. Your professional or technical qualifications	
5. المهنة بالصين. Your occupation in China	
6. اسم ، عنوان ورقم هاتف صاحب العمل بالصين. Name, address and phone number of your employer in China	
7. رقم رخصة الوظيفة الأجنبية. Alien Employment License Number	

B、 لطلب الدراسة في الصين (تأشيرة X) ، إملأ التالي

If you are applying to study in China (X-visa) , please fill out the following:

1. المستوى التعليمي. Education	<input type="checkbox"/> Bachelor جامعي <input type="checkbox"/> Master's ماجستير <input type="checkbox"/> Doctorate or higher دكتور أو مؤهل عالي <input type="checkbox"/> أخرى (يرجى التوضيح) Other (Please specify):.....
2. اسم آخر مدرسة ، جامعة ، كلية ، أو أي معهد تعليمي آخر Name of your last school, college, university or other	
3. التخصصات الدراسية. Your major or focus in studies	
4. المؤهل الفني أو المهني. Your professional or technical qualifications	
5. اسم ، عنوان ، ورقم هاتف مدرستك بالصين. Name, address and phone number of your school in China	
6. الدورة التدريبية الرئيسية بالصين. Your major or course in China	

C、 إذا كان هناك شخص آخر مرافق بنفس الجواز ،الرجاء تعبئة بيانات أدناه

If someone else travelling with you shares the same passport with you, please give that person's details below:

	المرافق الأول / Person 1	المرافق الثاني / Person 2	المرافق الثالث / Person 3
1. الاسم الكامل بالانجليزي Full name			
2. الجنس Sex			
3. تاريخ الميلاد Date of birth (yyyy-mm-dd)			
4. صورة الشخصية للمرافقين Photo(s) of the person(s) traveling with you sharing the same passport	تصق هنا Affix here	تصق هنا Affix here	تصق هنا Affix here

إذا قمت بتقديم طلب الحصول على تأشيرة لأي دولة أو منطقة غير دولة جنسيتك ، الرجاء تعبئة التالي D.

If you are applying for a visa in a country or territory other than the country of your nationality, please fill out the following:

1. مدة إقامتك بهذا البلد أو المنطقة Duration of your stay in this country or territory	<input type="checkbox"/> أقل من 6 أشهر Less than 6 months <input type="checkbox"/> أكثر من 6 أشهر More than 6 months <input type="checkbox"/> أكثر من 12 شهر More than 12 months				
2. ما هو نوع تأشيرتك أو رخصة إقامتك بهذا البلد أو المنطقة ؟ What kind of visa or residence permit of this country or territory do you hold?	<input type="checkbox"/> إقامة سارية Valid residence permit <input type="checkbox"/> تأشيرة سارية Valid visa <input type="checkbox"/> لا يوجد None				
3. رقم التأشيرة أو الإقامة وتاريخ الانتهاء Number of your visa or residence permit and its expiration date	<table border="1"> <tr> <td>رقم Number</td> <td></td> </tr> <tr> <td>تاريخ الانتهاء Expiration date (yyyy-mm-dd)</td> <td></td> </tr> </table>	رقم Number		تاريخ الانتهاء Expiration date (yyyy-mm-dd)	
رقم Number					
تاريخ الانتهاء Expiration date (yyyy-mm-dd)					
4. هل يصرح لك العودة لهذا البلد أو المنطقة بنفس رقم التأشيرة أو الإقامة أعلاه ؟ Do you have permission to return to this country or territory with the visa or residence permit above?	<input type="checkbox"/> نعم Yes <input type="checkbox"/> لا No				
5. عنوانك البريدي بمحل إقامتك لهذا البلد أو المنطقة Mailing address of your residence in this country or territory					
6. رقم الهاتف بهذا البلد أو المنطقة Your phone number in this country or territory					

أتعهد بأنني على فهم جميع الموضوعات والأسئلة ما جاء أعلاه وأن جميع البيانات صحيحة.

I solemnly declare that I understand all content and questions included on this form, and the information given is accurate and truthful.

توقيع مقدم الطلب

Applicant's signature: .....

التاريخ

Date (yyyy-mm-dd): .....

ملاحظة: من الممكن أن يوقع الوالد أو الوصي لمن هم أقل من 18 عاماً .

Note: A parent or guardian may sign on behalf of a minor aged less than 18 years.

# 外国人体格检查表

## FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birthday		照片 (加盖检查单位印章)  Photo (Stamped Official Stamp)																																										
现在通讯地址 Present mailing address																																																
国籍或地区 Nationality (or Area)		出生地 Birth place		血型 Blood type																																												
<p>过去是否患有下列疾病：(每项后面请回答“否”或“是”) Have you ever had any of the following diseases? (Each item must be answered “Yes” or “No”)</p> <table border="0"> <tr> <td>班疹 伤寒</td> <td>Typhus fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 痢</td> <td>Bacillary dysentery</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>小儿麻痹症</td> <td>Poliomyelitis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>布氏杆菌病</td> <td>Brucellosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>白 喉</td> <td>Diphtheria</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>病毒性肝炎</td> <td>Viral hepatitis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>猩 红 热</td> <td>Scarlet fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>产褥期链球</td> <td>Puerperal streptococcus infection</td> <td></td> </tr> <tr> <td>回 归 热</td> <td>Relapsing fever</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>菌 感 染</td> <td></td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>伤寒和付伤寒</td> <td colspan="2">Typhoid and paratyphoid fever</td> <td colspan="2"></td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>流行性脑脊髓膜炎</td> <td colspan="2">Epidemic cerebrospinal meningitis</td> <td colspan="2"></td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>							班疹 伤寒	Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 痢	Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes	小儿麻痹症	Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病	Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	白 喉	Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎	Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	猩 红 热	Scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球	Puerperal streptococcus infection		回 归 热	Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌 感 染		<input type="checkbox"/> No <input type="checkbox"/> Yes	伤寒和付伤寒	Typhoid and paratyphoid fever				<input type="checkbox"/> No <input type="checkbox"/> Yes	流行性脑脊髓膜炎	Epidemic cerebrospinal meningitis				<input type="checkbox"/> No <input type="checkbox"/> Yes
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<p>是否患有下列危及公共秩序和安全的病症：(每项后面请回答“否”或“是”) Do you have any of the following diseases or disorders endangering the public order and security? (Each item must be answered “Yes” or “No”)</p> <table border="0"> <tr> <td>毒物瘾</td> <td>Toxicomania</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神错乱</td> <td>Mental confusion</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td>精神病 Psychosis:</td> <td>躁狂型 Manic psychosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>妄想型 Paranoid psychosis</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>幻觉型 Hallucinatory</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>							毒物瘾	Toxicomania	<input type="checkbox"/> No <input type="checkbox"/> Yes	精神错乱	Mental confusion	<input type="checkbox"/> No <input type="checkbox"/> Yes	精神病 Psychosis:	躁狂型 Manic psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes		妄想型 Paranoid psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes		幻觉型 Hallucinatory	<input type="checkbox"/> No <input type="checkbox"/> Yes																											
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精神错乱	Mental confusion	<input type="checkbox"/> No <input type="checkbox"/> Yes																																														
精神病 Psychosis:	躁狂型 Manic psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes																																														
	妄想型 Paranoid psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes																																														
	幻觉型 Hallucinatory	<input type="checkbox"/> No <input type="checkbox"/> Yes																																														
身高 Height	厘米 CM	体重 Weight	公斤 Kg	血压 Blood pressure	毫米汞柱 mmHg																																											
发育情况 Development		营养情况 Nourishment		颈部 Neck																																												
视力 左 L_____		矫正视力 左 L_____		眼 Eyes																																												
Vision 右 R_____		Corrected vision 右 R_____																																														
辨色力 Colour sense		皮肤 Skin		淋巴结 Lymph nodes																																												
耳 Ears		鼻 Nose		扁桃体 Tonsils																																												
心 Heart		肺 Lungs		腹部 Abdomen																																												

脊柱 Spine		四肢 Extremities		神经系统 Nervous system																	
其他所见 Other abnormal findings																					
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (attached chest X-ray report)			心电图 ECC																		
化验室检查 (包括艾滋病、 梅毒等血清学检查) Laboratory exam (attached test report of AIDS, Syphilis etc)																					
未发现患有下列检疫传染病和危害公共健康的疾病： None of the following diseases of disorders found during the present examination. <table><tr><td>霍乱</td><td>Cholera</td><td>性病</td><td>Venereal Disease</td></tr><tr><td>黄热病</td><td>Yellow fever</td><td>肺结核</td><td>Lung tuberculosis</td></tr><tr><td>鼠疫</td><td>Plague</td><td>艾滋病</td><td>AIDS</td></tr><tr><td>麻风</td><td>Leprosy</td><td>精神病</td><td>Psychosis</td></tr></table>						霍乱	Cholera	性病	Venereal Disease	黄热病	Yellow fever	肺结核	Lung tuberculosis	鼠疫	Plague	艾滋病	AIDS	麻风	Leprosy	精神病	Psychosis
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麻风	Leprosy	精神病	Psychosis																		
意    见 Suggestion		检查单位盖章 Official Stamp																			
医师签字 Signature of physician		日期 Date																			