

No. IDENTIFICATION CARD										
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N° \_\_\_\_\_

<b>1. IDENTIFICATION OF THE APPLICANT</b>										GENDER							
First Last Name				Mothers Maiden Name				Names				F	<input type="checkbox"/>				
												M	<input type="checkbox"/>				
Birth Date			Civil Status			Country of Birth			Current Nationality								
DAY	MONTH	YEAR	SINGLE	<input type="checkbox"/>	MARRIED	<input type="checkbox"/>											
			WIDOWER	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>											
WITH BOND																	
YES		<input type="checkbox"/>	WITH CHILEAN		<input type="checkbox"/>	TYPE OF BOND											
NO		<input type="checkbox"/>	WITH FOREIGNERS		<input type="checkbox"/>	(MOTHER/FATHER/CHILD/SPOUSE)											
Full Fathers Name (Last Names, Names)						Nationality of Origin			Current Nationality								
Full Mothers Name (Last Names, Names)						Nationality of Origin			Current Nationality								
<b>2. ACTIVITY AND HOME ADDRESS</b>																	
PROFESSION OR OCCUPATION				ACTIVITY THAT WILL PERFORM IN CHILE													
				01 Employee		04 House wife		07 Other Activities									
				02 Worker or Wage Worker		05 Student											
				03 Domestic Employee		06 Inactive											
Home Address in Chile (Street, No, Apt.)						Commune			Telephone								
<b>3. FOR THE DEPENDENT: MAIN HOLDER INDIVIDUALIZATION (FILL ONLY FOR THE DEPENDENTS)</b>																	
Id. Card No. or Passport No.			MAIN HOLDER FULL NAME (Last Names, Names)						Relationship with main holder								
<b>4. FOR THE MAIN HOLDER: No. OF DEPENDENTS THAT ACCOMPANY</b>												<input type="text"/>					
<b>5. RESIDENCE PERMIT</b>																	
TYPE OF VISA OR CURRENT RESIDENCY				GRANTING AUTHORITY				MAIN HOLDER		<input type="checkbox"/>		START DATE		ENDING DATE			
								DEPENDENT		<input type="checkbox"/>		Day	Month	Year	Day	Month	Year
<b>6. Name of the employer or Institution where performs activities</b>						RUT			Telephone								
<b>7. SANCTIONS</b>				AUTHORITY OF THE SANCTION (Intendancy of the IRM)				DATE OF THE SANCTION									
YES		<input type="checkbox"/>	NO		<input type="checkbox"/>												
<b>8. APPLICATION OF BENEFIT SUBJECT TO CONTRACT TO MR. Chief IRM</b>						<b>9. BENEFIT REQUESTED</b>											
I declare under oath that the information given is true and the enclosed Documentation is also true, I hereby commit to comply and Respect the Political Constitution, laws and other dispositions that are Enforced in the territory of the republic as well as to comply with the Resolution that the administrative authority adopt regarding this application.						TYPE OF RESIDENCE			CONDITION								
						<input type="checkbox"/> RESIDENT VISA FOR THE FIRST TIME			<input type="checkbox"/> Main Holder								
						<input type="checkbox"/> CHANGE OF VISA (Condition and/or employer)			<input type="checkbox"/> Dependent								
						<input type="checkbox"/> EXTENSION OF VISA											
						<input type="checkbox"/> NEW VISA (Extension out of term)											
						QUALITY OF VISA			TERM								
						<b>TEMPORARY VISA</b>											
<b>10. APPLICATION FOR A WORK PERMIT WITH IN PROCESS VISA (Only for Main Holders)</b>																	
WORKING PERMIT FROM THE DATE OF THIS RESIDENCE APPLICATION UNTIL THIS VISA IS STAMPED IN YOUR PASSPORT. ITS COST IS EQUIVALENT TO 50% OF THE VALUE OF A SUBJECT TO CONTRACT VISA																	
I WISH TO OBTAIN A WORKING PERMIT WITH ON PROCESS VISA																	
				<input type="checkbox"/>		<input type="checkbox"/>											
				YES		NO											
APPLICANTS SIGNATURE _____																	
<b>11. DO NOT FILL (ONLY IMMIGRATIONS AUTHORITY)</b>																	
DATE OF APPLICATION _____																	
THIS RESIDENCE APPLICATION IS VALID FOR 4 MONTHS Validity until _____																	

INSTRUCTIONS AT THE BACK

