

DOCUMENT PREPARATION SERVICE - CHINA

Account Code: 104668

VisaCentral provides an optional service to assist travelers with the China visa application: our secure Document Preparation Service. The fee for this optional service is \$80.00 and is in addition to the applicable consular and processing fees. It's easy:

1. Type or clearly write answers to all fields on the optional Document Preparation Service request. Then save the file or scan and save the file to your computer.
2. Scan a copy of your passport information page.
3. Submit the saved files (this form and your passport information page) to us by uploading it securely at <https://visacentral.com/upload-forms?service=docprep>. We'll complete the visa application on your behalf in 24 hours or fewer, excluding Saturday or Sunday and contact you if any information is missing or incomplete.
4. We will send you the completed official China visa application via encrypted email with instructions on how to decrypt the file.
5. Print, inspect and sign the completed official China visa application and send it to us with the rest of your application materials to the office address listed on your visa application checklist.

Questions about this service can be answered by VisaCentral Customer Care at 866-663-7293. Do not send the other application materials until you have printed, inspected and signed your official China visa application form from VisaCentral. This is not the official visa application. It is an optional service.

PERSONAL INFORMATION

LAST NAME	AS IT APPEARS ON YOUR PASSPORT	FIRST NAME	AS IT APPEARS ON YOUR PASSPORT	MIDDLE NAME	AS IT APPEARS ON YOUR PASSPORT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GENDER	PREVIOUS NAMES (INCLUDE MAIDEN NAME IF APPLICABLE)		DATE OF BIRTH		
<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>		<input type="text"/>		
CITY AND STATE OF BIRTH	COUNTRY OF BIRTH	BORN IN OR OF CHINESE DESCENT		NATIONALITY	
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/>	
PREVIOUS/OTHER NATIONALITIES	U.S. DRIVER LICENSE, STATE ISSUED ID, OR PASSPORT NUMBER	MARITAL STATUS			
<input type="text"/>	<input type="text"/>	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed			
CURRENT OCCUPATION					
<input type="radio"/> Businessman <input type="radio"/> Company Employee <input type="radio"/> Industrial/Agricultural Worker <input type="radio"/> Crew Member <input type="radio"/> Staff of Media <input type="radio"/> Religious Worker <input type="radio"/> Student <input type="radio"/> NGO Staff <input type="radio"/> Retired					
<input type="radio"/> Self-Employed <input type="radio"/> Former/Incumbent Government Official (if yes, include position) <input type="radio"/> Former/Incumbent Member of Parliament (if yes, include position)					
<input type="radio"/> Military Personnel (if yes, include position) <input type="radio"/> Unemployed <input type="radio"/> Other (if yes, include details)					
Details	<input type="text"/>				

CONTACT INFORMATION

STREET ADDRESS	APT OR SUITE #	CITY	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ZIP CODE	EMAIL ADDRESS	PHONE NUMBER	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FAMILY HISTORY

Please provide the following information about your immediate family members (spouse, children, parents, or minors only) even if they are not traveling with you. You must provide at least one family member.

NAME	NATIONALITY	OCCUPATION	RELATIONSHIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PASSPORT INFORMATION

PASSPORT NUMBER

DATE OF ISSUE

mm/dd/yyyy

DATE OF EXPIRY

mm/dd/yyyy

ISSUING COUNTRY

ISSUING CITY/PROVINCE

U.S. ppt holders enter U.S. Dept. of State if no city

TYPE OF PASSPORT

- Ordinary
 Diplomatic
 Government/Official
 Other, enter details

DETAILS

IF YOU HAVE OTHER PEOPLE TRAVELING ON YOUR PASSPORT PLEASE COMPLETE INFORMATION BELOW

NAME

GENDER

DATE OF BIRTH

mm/dd/yyyy

EMPLOYMENT OR SCHOOL INFORMATION

Only provide school information if you are currently in school and not employed full time

NAME

POSITION AT EMPLOYER OR FIELD OF STUDY

BRIEF DESCRIPTION OF YOUR WORK OR FIELD OF STUDY

PHONE NUMBER

STREET ADDRESS

APT OR SUITE #

CITY

STATE

ZIP CODE

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED?

- College
 Postgraduate
 Other, enter details

DETAILS

EMERGENCY CONTACT

CONTACT'S NAME

CONTACT'S PHONE NUMBER

CONTACT'S RELATIONSHIP TO APPLICANT

TRAVEL PLANS

DATE OF ENTRY

mm/dd/yyyy

LENGTH OF STAY

SELECT ALL THE REASONS THAT APPLY AS TO YOUR PURPOSE OF TRAVEL

Select all that apply

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Tourism | <input type="checkbox"/> As Resident Journalist | <input type="checkbox"/> Family Reunion Over 180 Days | <input type="checkbox"/> Journalist for temporary coverage |
| <input type="checkbox"/> As resident diplomat or consul | <input type="checkbox"/> Transit | <input type="checkbox"/> Flight Crew | <input type="checkbox"/> Business |
| <input type="checkbox"/> Short-term study | <input type="checkbox"/> Commercial Performance | <input type="checkbox"/> Employment | <input type="checkbox"/> Long-term study |
| <input type="checkbox"/> As Permanent Resident | <input type="checkbox"/> Official Visit | <input type="checkbox"/> As child in foster care | <input type="checkbox"/> Short-term visit to Chinese citizen or permanent resident |
| <input type="checkbox"/> Short-term visit to foreign worker or student | <input type="checkbox"/> As accompanying relative of foreign worker or student | <input type="checkbox"/> Other, enter details | |

Details

SELECT NUMBER OF ENTRIES AND VISA VALIDITY DESIRED

- One entry, valid for 3 months from date of application
 Two entries, valid for 3-6 months from date of application
 Multiple entries, valid for 6 months from date of application
 Multiple entries, valid for 1 year from date of application

The visa issued will be at the consulate's discretion

- Other, enter details

Details

List of Chinese Cities and Provinces being Visited

Must be in order of visit

LIST ALL PLACES YOU PLAN TO STAY

Personal or Commercial. These must be listed in order of stay. Put NA if staying at fewer than four locations.

1 - NAME PHONE NUMBER DATE OF VISIT

STREET CITY OR PROVINCE PROVINCE

2 - NAME PHONE NUMBER DATE OF VISIT

STREET CITY OR PROVINCE PROVINCE

3 - NAME PHONE NUMBER DATE OF VISIT

STREET CITY OR PROVINCE PROVINCE

4 - NAME PHONE NUMBER DATE OF VISIT

STREET CITY OR PROVINCE PROVINCE

WHO WILL PAY FOR YOUR COST OF TRAVEL AND LIVING DURING YOUR STAY IN CHINA?

- Myself
 My Invitor
 My Parents or Guardians
 Other, enter details

Details

CHINA INVITOR

NAME RELATIONSHIP TO APPLICANT PHONE NUMBER

STREET CITY/PROVINCE POSTAL CODE

OTHER INFORMATION

HAVE YOU EVER BEEN GRANTED A CHINESE VISA? No Yes, enter details

DETAILS Specify date and place of the last time you were granted the visa

HAVE YOU VISITED OTHER COUNTRIES OR TERRITORIES IN THE PAST 12 MONTHS? No Yes, enter details

DETAILS

HAVE YOU EVER OVERSTAYED YOUR VISA OR RESIDENCE PERMIT IN CHINA? No Yes, enter details

DETAILS

HAVE YOU EVER BEEN REFUSED A VISA FOR CHINA OR REFUSED ENTRY TO CHINA? No Yes, enter details

DETAILS

DO YOU HAVE A CRIMINAL RECORD IN CHINA OR IN ANY OTHER COUNTRY? No Yes, enter details

DETAILS

ARE YOU SUFFERING FROM ANY OF THE FOLLOWING DISEASES? No Yes, enter details

DETAILS Serious mental disorder/fectious pulmonary tuberculosis/Other infectious disease of public health hazards

DID YOU VISIT COUNTRIES OR TERRITORIES INFECTED BY INFECTIOUS DISEASES IN THE PAST 30 DAYS? No Yes, enter details

DETAILS

PLEASE USE THIS SPACE OR A SEPARATE SHEET FOR ADDITIONAL INFORMATION/DECLARATION/OR STATEMENT OTHER THAN ALREADY PROVIDED IN THIS APPLICATION

PAYMENT DETAILS

VisaCentral does not accept payment by cheque or cash

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

BILLING REFERENCE

SIGNATURE

By signing above, you agree to abide by our Terms and Conditions as outlined at <https://visacentral.com/terms-of-use>.

Have you completed all the questions? Incomplete visa questionnaires cannot be processed and will be returned for additional information. This could delay the processing of your request.