

USA K VISA (FIANCEE OR SPOUSE OF US CITIZEN) DS-160 APPLICATION

HOW TO APPLY

1. Choose the IVT Service which best suits your needs:

EXPEDITED SERVICE \$199.99 24 - 48 HOUR TURN AROUND

REGULAR SERVICE \$169.99 3 - 7 BUSINESS DAYS

2. Pay the IVT service fee via PayPal. By clicking the payment button you will be automatically directed to the PayPal website

3. Fill out this form and save on your desktop attach supporting documents **OR** print off the form and fill out in clear bold capital letters

4. Attach a copy of your passport, a JPEG file of a passport photograph, along with your visa for the country you live in, if you are not a citizen

5. Email your application package to us at: info@immigrationvisaforms.com **OR** fax toll free to 1-877-770-7096

Please note: We do not accept postal applications

WHAT HAPPENS NEXT?

1. IVT receive your application form and PayPal receipt.

2. IVT carefully check your data and supporting documents, we will advise you if we need more information. When your application is complete, we submit your information to the US Embassy or Consulate in the the country where you reside

3. We email you with the DS-160 confirmation page and instructions on the documents you must present at your US visa interview

BOOKING A US VISA INTERVIEW When you receive the DS-160 confirmation number, IVT have completed the work for which you engaged us. The steps below must be completed on your own

1. **You must pay a visa application fee to the US government.** The fee is \$350 per person for a spouse or a fiancée visa. Visit <http://usvisa-info.org/> for more information

2. Set up a profile and book a visa appointment at the consulate of your choice

3. Attend the interview. The interviewing officer will inform you if your request for a visa is confirmed or denied.

IVT TERMS & CONDITIONS

Please read our terms and conditions before submitting your application and paying our fees

By submitting an application and paying our service fee, each applicant agrees to the following terms and conditions

IVT and the US embassy and consulate do not give refunds for visa applications submitted in error or denied.

IVT is not a government agency and cannot influence the outcome of your visa application.

IVT is not responsible for any delays in the submission of an application caused by incomplete information.

IVT has completed its work for you when you receive the DS-160 confirmation page

FEE PAYMENT

I understand and agree to IVT's terms and conditions (sign the box)

US Consulate where you want to have your visa interview

PayPal Transaction ID

So that we can match your application form with your PayPal payment, please provide details of your PayPal transaction ID. If you do not have this to hand, please give the name of the PayPal account holder or the email address of the account used to pay your service fees.

Note: We cannot process your DS-160 without PayPal payment

PERSONAL INFORMATION

NOTE: Data on this page must match the information on your passport

SURNAME FIRST NAME MIDDLE NAMES

OTHER NAMES USED MALE FEMALE

MARITAL STATUS (E.G SINGLE, WIDOWED, ETC) DATE OF BIRTH DD/MM/YY

CITY OF BIRTH PROVINCE OF BIRTH BIRTH COUNTRY

NATIONALITY SECOND NATIONALITY

PREVIOUS US DOCUMENT INFORMATION

LEAVE BLANK IF YOU DO NOT HAVE ANY OF THESE NUMBERS

NATIONAL ID NUMBER US SOCIAL SECURITY

US TAX NUMBER

CONTACT INFORMATION

Address

EMAIL

Address

Phone Number

City State Zip Code

Check Box if this is your mailing address

Country

MAILING ADDRESS

Address

Address

City State Zip Code

Country

VISA INFORMATION

PURPOSE OF TRIP

APPLICANT RECEIPT / PETITION NUMBER

THE NUMBER BEGINS WITH 3 LETTERS FOLLOWED BY 10 DIGITS

PASSPORT INFORMATION

PASSPORT NUMBER

ISSUING AUTHORITY

ISSUING CITY & COUNTRY

BOOK NUMBER

ISSUE DATE DD/MM/YYYY

EXPIRY DATE DD/MM/YYYY

HAVE YOU EVER LOST A PASSPORT OR HAD ONE STOLEN? YES NO

IF YES, PROVIDE PREVIOUS PASSPORT NUMBER

DATE OF LOSS OR STOLEN PASSPORT DD/MM/YYYY

COUNTRY WHERE MISSING PASSPORT WAS ISSUED

**PLEASE ATTACH A
SCANNED COPY OF THE
ID PAGE FROM YOUR
CURRENT PASSPORT**

US TRAVEL INFORMATION

NAME OF PRINCIPAL APPLICANT

RELATIONSHIP TO YOU

GIVE DETAILS OF THE ADDRESS WHERE YOU WILL STAY IN THE U.S.

Address

Address

City State Zip Code

**IF YOU DON'T KNOW YOUR EXACT DATE
OF TRAVEL PLEASE PROVIDE AN
ESTIMATE**

PERSON/ENTITY PAYING FOR YOUR TRIP

*IF ORGANIZATION OR OTHER PERSON IS PAYING PROVIDE THE INFORMATION LISTED BELOW:

NAME

RELATIONSHIP TO YOU

MAILING ADDRESS OF PERSON/ORANIZATION PAYING:

Address

PHONE #

Address

INTENDED DATE OF TRAVEL

City State Zip Code

Country

INTENDED LENGTH OF STAY

INFORMATION ABOUT YOUR TRAVEL COMPANIONS

ARE THERE OTHER PERSONS TRAVELING WITH YOU? YES NO

* IF YES COMPLETE SECTION BELOW

SURNAMES OF PERSON TRAVELING WITH YOU	GIVEN NAMES OF PERSON TRAVELING WITH YOU	RELATIONSHIP TO YOU
<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"/>

ARE YOU TRAVELING AS PART OF A GROUP OR ORGANIZATION? YES NO

NAME OF GROUP/ ORGANIZATION

PREVIOUS US TRAVEL

HAVE YOU EVER BEEN IN THE U.S.? YES NO

*IF YES, PROVIDE INFORMATION ON YOUR LAST FIVE U.S. VISITS

DATE OF ARRIVAL DD/MM/YYYY	LENGTH OF STAY
<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"/>

DID YOU EVER HOLD A U.S. DRIVERS LICENCE?

IF YES, DRIVERS LICENSE NUMBER

HAVE YOU EVER BEEN ISSUED A U.S. VISA? YES NO

IF YES, DATE LAST VISA WAS ISSUED (DD/MM/YYYY)

VISA NUMBER LEAVE BLANK IF YOU DO NOT KNOW

ARE YOU APPLYING FOR THE SAME TYPE OF VISA? YES NO

ARE YOU APPLYING IN THE SAME COUNTRY WHERE THE VISA WAS ISSUED AND IS THIS COUNTRY YOUR PRINCIPAL COUNTRY OF RESIDENCE?
 YES NO

HAVE YOU EVER BEEN TEN-PRINTED? THIS MEANS FINGERPRINTING OF ALL 10 DIGITS

YES NO

HAVE YOU EVER BEEN REFUSED A U.S. VISA, BEEN REFUSED ADMISSION TO THE UNITED STATES, OR WITHDRAWN YOUR APPLICATION FOR ADMISSION AT THE POINT OF ENTRY?

YES NO

*IF YES, EXPLAIN

[Empty text box for explanation]

HAS YOUR U.S. VISA EVER BEEN CANCELLED OR REVOKED?

*IF YES, EXPLAIN

[Empty text box for explanation]

US POINT OF CONTACT

CONTACT PERSON OR ORGANIZATION IN THE UNITED STATES

ORGANSATION NAME IF RELEVANT

Name []
Address []
Address []
City [] State [] Zip Code []

Name []
Phone # []
Relationship to you []

FAMILY INFORMATION: YOUR RELATIVES

FATHER'S FULL NAME []

HIS DATE OF BIRTH []

MOTHER'S FULL NAME []

HER DATE OF BIRTH []

LEAVE BLANK IF YOU DO NOT KNOW THIS INFORMATION

IS YOUR FATHER IN THE U.S.? YES NO

IS YOUR MOTHER IN THE U.S.? YES NO

FATHER'S IMMIGRATION STATUS []

MOTHER'S IMMIGRATION STATUS []

DO YOU HAVE ANY IMMEDIATE RELATIVES, NOT INCLUDING PARENTS, IN THE UNITED STATES?

YES NO

*SUCH AS FIANCE, SPOUSE(HUSBAND/WIFE), CHILD (SON/DAUGHTER), OR SIBLING (BROTHER/SISTER).

IF YES, PROVIDE THE FOLLOWING INFORMATION:

Name []
Address []
Address []
City [] State [] Zip Code []

THEIR IMMIGRATION STATUS []

IMMIGRATION STATUS MEANS E.G. PERMANENT RESIDENT, CITIZEN, VISA HOLDER (STATE VISA TYPE) ETC

FAMILY INFORMATION: YOUR SPOUSE / FIANCEE

ENTER CURRENT SPOUSE / FIANCEE INFORMATION. USE A SEPARATE SHEET TO LIST THE SAME DETAILS OF ANY PREVIOUS SPOUSES.

SPOUSE'S FULL NAME SPOUSE DATE OF BIRTH

CITY OF BIRTH PROVINCE OF BIRTH BIRTH COUNTRY

Address SPOUSE'S IMMIGRATION STATUS

Address

City State Zip Code

Country

**PLEASE USE DATE FORMAT
DAY, MONTH YEAR
DD/MM/YYYY
FOR ALL ANSWERS REQUIRING A DATE**

YOUR CHILDREN

Do you have any unmarried children under the age of 21 who are not living in the United States?

YES NO

CHILD # 1

LAST NAMES GIVEN NAMES BIRTH DATE

CITY OF BIRTH PROVINCE COUNTRY

Will this child be accompanying you to the United States? YES NO

CHILD # 2

LAST NAMES GIVEN NAMES BIRTH DATE

CITY OF BIRTH PROVINCE COUNTRY

Will this child be accompanying you to the United States? YES NO

CHILD # 3

LAST NAMES GIVEN NAMES BIRTH DATE

CITY OF BIRTH PROVINCE COUNTRY

Will this child be accompanying you to the United States? YES NO

CHILD # 4

LAST NAMES GIVEN NAMES BIRTH DATE

CITY OF BIRTH PROVINCE COUNTRY

Will this child be accompanying you to the United States? YES NO

ATTACH EXTRA SHEETS IF YOU NEED TO ADD MORE CHILDREN

PRESENT WORK/EDUCATION/TRAINING INFORMATION

Check Box if unemployed and leave the section below blank

PRIMARY OCCUPATION

MONTHLY SALARY IN LOCAL CURRENCY

PRESENT EMPLOYER OR SCHOOL NAME

PHONE #

PRESENT EMPLOYER OR SCHOOL ADDRESS

BRIEFLY DESCRIBE YOUR DUTIES

Address

Address

City State Zip Code

Country

PREVIOUS WORK/EDUCATION/TRAINING INFORMATION

Check Box if unemployed and leave the section below blank

FROM DD/MM/YY TO DD/MM/YY

OCCUPATION

NAME OF SUPERVISOR

PREVIOUS EMPLOYER OR SCHOOL

PHONE #

PREVIOUS EMPLOYER OR SCHOOL ADDRESS

BRIEFLY DESCRIBE YOUR DUTIES

Address

Address

City State Zip Code

Country

YOUR HIGHEST LEVEL OF EDUCATION

E.G. ELEMENTARY SCHOOL, HIGH SCHOOL UNIVERSITY ETC

EVERY MEMBER OF YOUR GROUP INCLUDING CHILDREN WILL NEED TO FILL OUT A SEPARATE DS-160 APPLICATION FORM

SECURITY AND BACKGROUND: MEDICAL AND HEALTH INFORMATION

DO YOU HAVE A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE SUCH AS TUBERCULOSIS(TB)?

YES NO

DO YOU HAVE A MENTAL OR PHYSICAL DISORDER THAT POSES OR IS LIKELY TO POSE A THREAT TO THE SAFETY OR WELFARE OF YOURSELF OR OTHERS?

YES NO

ARE YOU OR HAVE YOU EVER BEEN A DRUG ABUSER OR ADDICT?

YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS

SECURITY AND BACKGROUND: CRIMINAL INFORMATION

HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR ANY OFFENSE OR CRIME, EVEN THOUGH SUBJECT TO A PARDON, AMNESTY, OR OTHER SIMILAR ACTION?

YES NO

HAVE YOU EVER VIOLATED, OR ENGAGED IN A CONSPIRACY TO VIOLATE, ANY LAW RELATING TO CONTROLLED SUBSTANCES?

YES NO

HAVE YOU EVER BEEN INVOLVED IN, OR DO YOU SEEK TO ENGAGE IN, MONEY LAUNDERING?

YES NO

ARE YOU COMING TO THE UNITED STATES TO ENGAGE IN PROSTITUTION OR UNLAWFUL COMMERCIALIZED VICE OR HAVE YOU BEEN ENGAGED IN PROSTITUTION OR PROCURING PROSTITUTES WITHIN THE LAST 10 YEARS?

YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS

SECURITY AND BACKGROUND: SECURITY INFORMATION

DO YOU SEEK TO ENGAGE IN ESPIONAGE, SABOTAGE, EXPORT CONTROL VIOLATIONS, OR ANY OTHER ILLEGAL ACTIVITY WHILE IN THE UNITED STATES?

YES NO

DO YOU SEEK TO ENGAGE IN TERRORIST ACTIVITIES WHILE IN THE UNITED STATES OR HAVE YOU EVER ENGAGED IN TERRORIST ACTIVITIES?

YES NO

HAVE YOU EVER OR DO YOU INTEND TO PROVIDE FINANCIAL ASSISTANCE OR OTHER SUPPORT TO TERRORISTS OR TERRORISTS ORGANIZATIONS?

YES NO

ARE YOU A MEMBER OR REPRESENTATIVE OF A TERRORIST ORGANIZATION?

YES NO

HAVE YOU EVER ORDERED, INCITED, COMMITTED, ASSISTED, OR OTHERWISE PARTICIPATED IN GENOCIDE?

YES NO

HAVE YOU EVER COMMITTED, ORDERED, INCITED, ASSISTED, OR OTHERWISE PARTICIPATED IN TORTURE?

YES NO

HAVE YOU COMMITTED, ORDERED, INCITED, ASSISTED, OR OTHERWISE PARTICIPATED IN EXTRAJUDICIAL KILLINGS, POLITICAL KILLINGS, OR OTHER ACTS OF VIOLENCE?

YES NO

HAVE YOU, WHILE SERVING AS A GOVERNMENT OFFICIAL BEEN RESPONSIBLE FOR OR DIRECTLY CARRIED OUT, AT ANY TIME, PARTICULARLY SEVERE VIOLATIONS OF RELIGIOUS FREEDOM?

YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS

SECURITY AND BACKGROUND: IMMIGRATION LAW VIOLATION INFORMATION

HAVE YOU EVER SOUGHT TO OBTAIN OR ASSIST OTHERS TO OBTAIN A VISA, ENTRY INTO THE UNITED STATES, OR ANY OTHER UNITED STATES IMMIGRATION BENEFIT BY FRAUD OR WILLFUL MISREPRESENTATION OR OTHER UNLAWFUL MEANS?

YES NO

IF YOU ANSWERED YES TO THIS QUESTION, PLEASE GIVE DETAILS

CONFIRMATION

I CONFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE

SIGNATURE (DIGITAL SIGNATURE COUNTS AS VALID)

NEXT STEPS TO IN YOUR US VISA PROCESS

1. PAY YOUR VISA APPLICATION FEE TO THE US GOVERNMENT.
 2. BOOK A US VISA APPOINTMENT.
- CONTACT IVT IF YOU NEED HELP WITH YOUR VISA APPOINTMENT.

REMEMBER TO SEND A JPEG IMAGE OF A RECENT PASSPORT STYLE PHOTOGRAPH ALONG WITH THIS APPLICATION

**Email this form to info@immigrationvisaforms.com or fax toll-free to 1-877-770-7096.
Your application **MUST** contain the signed terms & conditions, which makes up the first page of the DS-160 application.**