Fill out as shown

SAMPLE FORM

MUST BE FILLED OUT ON A COMPUTER

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				
		姓 Last name	SMITH	STAPLE	
	1.1 英文姓名 Full English name as in passport	中间名 Middle name	ANNE	STAPLE PASSPORT STYLE	
		名 First name	JANE	STYLE	
	1.2 中文姓名 Name in Chinese		1.3 别名或曾用名 Other name(s)	PHOTO	
	1.4 性别 Sex		1.5 出生日期 DOB(yyyy-mm-dd)	HERE	
	1.6 现有国籍 Current nationality(ies) AMERICAN		1.7 曾有国籍 Former nationality(ies) N/A		
	1.8 出生地点(市、省// Place of birth(city, pro		ANYTOWN,	MA, USA	
	1.9 身份证/公民证号码 Local ID/ Citizenship number SOCIAL SECURITY #				
	1.10 护照/旅行证件种类		」 公务、官员Service or Official ☐ 其他证件(请说明) Other (Please specify):		
53	1.11 护照号码 Passport number	123456789	1.12 签发日期 Date of issue(yyyy-mm-dd)	2012-02-10	
	1.13 签发地点 Place of issue	U.S. DEPT OF STATE	1.14 失效日期 Date of expiry(yyyy-mm-dd)	2022-02-09	
		□商人 Businessperson	前/现任议员 Former/incumbent member of parliament		
	1.15 当前职业 (可选多项) Current occupation(s)	□公司职员 Company employe	e 职位 Position		
		□演艺人员 Entertainer	前/现任政府官员	Former/incumbent government official	
		工人/农民 Industrial/Agricultural worker			
		✓学生 Student	☐ 军人 Military p	ersonnel	
		T			
		自雇 Self-employed 非政府组织人员 NGO staff			
		无业 Unemployed 宗教人士 Religious personnel			
		□退休 Retired □新闻从业人员 Staff of media			
		其他(请说明) Other (Please specify):			
	1.16 受教育程度	□研究生 Postgraduate	大学 College		
	Education	其他(请说明) Other (Please specify):			
	1.17 工作单位/学校 Employer/School	名称 BOSTON UNIVE	RSITY STUDY ABROAD	联系电话 Phone number (617) 353-9888	
			ZEALTH AVE., 2ND FLOOR OSTON, MA	邮政编码 Zip Code	

					4 * *	
	1.18 家庭住址 Home address	YOUR BOSTON A	DD.	1.19 邮政编码 Zip Code	01234	
	1.20电话/手机 Home/mobile phon	1.20电话/手机 Home/mobile phone number (555) 123-4567			1.21电子邮箱 E-mail address JANESMITH@BU.EDU	
	1.22 婚姻状况 Mar				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	姓名 Name	国籍 Nationality	职业 Occupation	关系 Relationship	
		JOHN SMITH	AMERICAN	TEACHER	FATHER	
		ANNE SMITH	BRITISH	DOCTOR	MOTHER	
		(DO NOT LIST SIBLINGS)		2		
G	separate paper)					
		姓名 ANNE SM	HTIN	手机 Mobile phone number	(555) 987-6543	
	Emergency	与申请人的关系		MOTHER		
	Contact	Relationship with the applicant 证时所在的国家或地区 Country o	r tarritary where the	WOILDK		
		正的 // 在的 国家 实现区 Country o I when applying for this visa	r territory where the	USA		
	2	art 2: Travel Information				
		「富方访问 Official Visit		常驻外交、领事、国际经	组织人员	
		□ 旅游 Tourism		As resident diplomat, consul or staff of international organization		
		交流、考察、访问 Non-business visit		永久居留 As permanent resident		
		商业贸易 Business & Trade		□ 工作 Work		
		□ 人才引进 As introduced talent		寄养 As child in foster care		
		执行乘务 As crew member		立境 Transit		
	2.1 申请入境事由 Major purpose	Major purpose of your visit Major purpose of your visit Major purpose of your visit to Chinese citizen or foreigner		与中国公民或者具有中国永久居留资格的外国人家庭团聚居留超过180日 Family reunion for over 180		
	of your visit			days with Chinese citizen or foreigner with Chinese		
		with Chinese permanent residence status		permanent residence status		
	21	短期探望因工作、学习等事由在中国停留居留的		长期探望因工作、学习等事由在中国居留的外国人		
	, ,	外国人 Short-term visit to foreigner residing in China due to work, study or other reasons		As accompanying family member of foreigner residing in China due to work, study or other reasons		
		✓ 短期学习 Short-term study for less than 180 days		长期学习 Long-term study for over 180 days		
		短期采访报道 As journalist for temporary news coverage		外国常驻中国新闻机构记者 As resident journalist		
		其他(请说明)Other (Please specify):				
		────────────────────────────────────				
	2.2 计划入境次数	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				
	Intended number	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				
of entries — — — — — — — — — — — — — — — — — — —			es valid for 1 year from the d	ate of issue		
	ž	其他 (请说明) Other (Please specify):				
				☐ 否 No		
1	Note: Express service needs approval of consular officials, and extra fees may apply. 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)			010-10		
/		our first entry into China on this t	rip (yyyy-mm-dd)	5018-	00-10	

N/A

			lengin of	YUUY		
	i次在华停留的最长天数 stay in China among all entries		prog	cam Days		
,	日期 Date	详组	详细地址 Detailed address			
2.6 在中国境内行程(按时间顺序,可附另纸填写) Itinerary in		TONGI NO. 477 YANGI CHINA				
China (in time sequence, may type on separate paper)			<u> </u>	,		
2.7 谁将承担在中 Who will pay for	『国期间的费用? your travel and expenses during your	stay in China?	MYSELF& MY	PARENTS		
	姓名或名称 Name FUDAN UNIVERSITY SCHOOL OF SOCIAL DEVELOPMENT AND PUBLIC POLICY					
2.8 中国境内邀请 单位或个人信息	地址 220 HUDAN RD., SHANGHAI, P.R. CHINA 200433 Address					
Information of inviter in China	联系电话 Phone number		139-1849-1707			
	与申请人关系 Relationship with the applicant	INVITER				
间和地点。Have	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			09 IN LOS ANGELES		
				CANADA		
三、其他事项	Part 3: Other Information		-	8		
3.1 是否曾在中国	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?					
	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? 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?			是Yes <mark>✓ 否No</mark>		
3.3 是否在中国或				是Yes <mark>✓ 否No</mark>		
3.4 是否具有以下 ①严重精神障碍 ②传染性肺结核	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 □ 是 Yes ▼ 否 No					
3.5 近 30 日内是	③可能危害公共卫生的其他传染病 Other infectious disease of public health hazards 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?					

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。					
	about your visa application	n other tha	n the above to declare, pl	ease give details below or type on a	
separate paper.					
N/A					
				8	
				*	
				見。If someone else travels and shares	
the same passport with the app	llicant, please affix their pho	tos and give	their information below.		
	偕行人 1	9	偕行人 2	僧行人 0	
	Person 1		Person 2	Derson 3	
偕行人信息					
Information	粘贴照片于此		粘贴照片于此	粘贴照片于此	
- a.	Affix Photo- here		Affix Photo	Affix Photo here	
	nere		nere	nere	
姓名					
姓名 Full name		h		8	
	1				
性别 Sex	lea	VO 1	D/WN K		
	100	VC	NINITE		
至日					
DOB(yyyy-mm-dd)					
四、声明及签名 Part 4: D	eclaration & Signature	*			
。	比表所有内容要求,并愿就所	所填报信息和	印申请材料的真实性承担-	一切法律后果。	
		estions in t	his application and shall b	pear all the legal consequences for the	
Old UPPP iou	and materials I provided.	D. 七米田 /	享 应知政场 十级事今日 十	之 大点不应 坦马武特尔不定赖斯	
T 11 b	大侍何州金证、八児仏剱以》 拒绝进入中国。	义有效别、1	了田州守村田视争日贝代	定,任何不实、误导或填写不完整均	
		mber of en	ries, validity and duratio	n of each stay will be determined by	
to issue a visa, type of visa, number of entries, validity and duration of each stay will be determined by ny false, misleading or incomplete statement may result in the refusal of a visa for or denial of entry into					
				,	
	申请人即使持有中国签证仍				
g to	Chinese law, applicant may	be refused	entry into China even if a	i visa is granted.	
申请人签名			日期		
Applicant's signature:_			Date (yyyy-mm-dd):	67	
注:未满 18 周岁的未成年人多	页由父母或监护人代签。Not	te: The pare	nt or guardian shall sign o	on behalf of a minor under 18 years of	
	*				
	コリナナウ p . c . re				
				leted by another person on the	
pplicant's behalf, please fil	l out the information of				
5.1 姓名 Name		5.2 与申请			
	. 4	Relationsh	p with the applicant		
5.3 地址 Address		5 4 由迁 DI	ione number	100110	
2.2 MEMI VARIOTESS		Jor Taka FI	ione number	Kave	
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/D	ate (yyyy-mm-dd):		