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| Annex 2 **Urgent Visa Application Request Form** |
| NAME |  | NAME IN CHINESE(IF ANY) |  |
| PASSPORT NUMBER |  | DATE OF EXPIRATION |  |
| TELEPHONE |  | EMAIL |  |
| RESIDENCE STATE |  | ADDRESS |  |
| COVA APPLICATION ID |  |
| REASON OF EMERGENCY REQUEST（ALTERNATIVE） |
| RELATIVE IS CRITICALLY ILL | NAME OF RELATIVE： | KINSHIP： |
| HOSPITAL： |
| TELEPHONE OF HOSPITAL： |
| PLEASE UPLOAD THE FOLLOWING SUPPORTING DOCUMENTS IN ORDER OF ATTACHMENT:1. NOTIFICATION OF CRITICAL ILLNESS;2. IDENTITY DOCUMENTS OF THE RELATIVE THAT IS CRITICALLY ILL;3.PROOF OF KINSHIP. |
| RELATIVE HASPASSED AWAY | NAME OF RELATIVE： | KINSHIP： |
| PLEASE UPLOAD THE FOLLOWING SUPPORTING DOCUMENTS IN ORDER OF ATTACHMENT:1.DEATH CERTIFICATE;2.IDENTITY DOCUMENTS OF THE RELATIVE THAT HAS PASSED AWAY;3.PROOF OF KINSHIP. |
| OTHER INFORMATION NEEDED TO CLARIFY (IF ANY) |
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