**DS-160 data entry sheet**

**PLEASE NOTE THIS IS A LEGALLY BINDING DOCUMENT. YOU MUST COMPLETE ALL FIELDS. ALL QUESTIONS MUST BE ANSWERED. DO NOT LEAVE ANY SECTION BLANK AS THIS WILL DELAY YOUR APPLICATION. THIS INFORMATION WILL BE SUBMITTED TO THE US GOVERNMENT AND WILL BE DEEMED TO HAVE BEEN ELECTONICALLY SIGNED BY YOU.**

**IF YOU HAVE EVER BEEN ARRESTED or CAUTIONED or CONVICTED PLEASE INDICATE HERE - YES / NO**

**IF YES, YOU WILL ALSO BE REQUIRED TO OBTAIN AN ACPO CERTIFICATE, FORM AVAILABLE VIA THE FOLLOWING LINK** <http://www.acro.police.uk/police_certificates.aspx>

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| PERSONAL INFORMATION (1) | |
| **Surname (as listed in passport)** |  |
| **Given Names (first names as listed in passport)** |  |
| **Any other names used and why**  **(e.g. maiden name, professional, religious, alias, etc.)** |  |
| **Sex (male or female)** |  |
| **Marital Status** |  |
| **Date of Birth (dd/mm/yyyy)** |  |
| **City of Birth** |  |
| **Country of Birth** |  |

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| PERSONAL INFORMATION (2) | |
| **Country/Region of Origin (Nationality)** |  |
| **Do you hold, or have you held, any nationality other than the one indicated above? If “yes” please provide details.** | Yes / No |
| **Passport number for other nationality (if applicable)** |  |
| **US social security or tax ID No (if applicable)** |  |
| **Are you a permanentresident of a country/region other than your country/region of origin (nationality) indicated above? If “yes” please provide details.** | Yes / No |

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| ADDRESS & PHONE INFORMATION | |
| **Home Address** |  |
| **Post code** |  |
| **Country** |  |
| **Mailing address in UK if different from above** |  |
| **Post code** |  |
| **Home Telephone** |  |
| **Work Telephone** |  |
| **Mobile telephone** |  |
| **Email address** |  |
| **Llist any other phone numbers used in last five years** |  |
| **List any other email addresses used in last five years** |  |

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| SOCIAL MEDIA | |
| Enter (RH Col) username or handle for any of the social media platforms listed below which you have used in the past 5 years. Do not provide passwords or any other security logon/sign-in details. | |
| 1. ASK.FM | 1. |
| 2. DOUBAN | 2. |
| 3. FACEBOOK | 3. |
| 4. FLICKR | 4. |
| 5. GOOGLE+ | 5. |
| 6. INSTAGRAM | 6. |
| 7. LINKEDIN | 7. |
| 8. MYSPACE | 8. |
| 9. PINTEREST | 9. |
| 10. QZONE(QQ) | 10. |
| 11. REDDIT | 11. |
| 12. SINA WEIBO | 12. |
| 13. TENCENT WEIBO | 13. |
| 14. TUMBLR | 14. |
| 15. TWITTER | 15. |
| 16. TWOO | 16. |
| 17. VINE | 17. |
| 18. VKONTAKTE(VK) | 18. |
| 19. YOUKU | 19. |
| 20. YOUTUBE | 20. |
| Do you wish to provide information about your presence on any other websites or applications you have used within the last five years to create or share content (photos, videos, status updates, etc.)? |  |

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| PASSPORT ONFORMATION | |
| **Passport Number** |  |
| **Place of issuance** |  |
| **Issuance Date** |  |
| **Expiry Date** |  |

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| LOST or STOLEN PASSPORT | |
| **Have you ever lost a passport or had one stolen?** | Yes / No |
| **If Yes 1. Passport/Travel Document Number**  **(if known)** |  |
| **2. Country/Authority of issuance** |  |
| **3. Give brief explanation of loss/theft** |  |

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| TRAVEL INFORMATION | |
| **Purpose of your trip** |  |
| **Intended date of arrival (dd/mm/yyyy)** |  |
| **Length of stay (days)** |  |
| **Address where you will stay in US** |  |
| **City** |  |
| **State** |  |
| **ZIP (if known)** |  |
| **Person/Entity Paying for Your Trip**  (select one from list) | 1. Self 2. Other Person 3. Present Employer 4. Employer in The U.S. 5. Other Company/Organisation |
| **If “Other Company/Organisation” please state details** (names, telephone number, email address, postal address and relationship to you) |  |

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| TRAVEL COMPANIONS INFORMATION | |
| **Are any other persons travelling with you?**  **If “yes” please provide their name(s)** | Yes / No |
| **Are you travelling as part of a group? If “yes” please provide name of the group** | Yes / No |

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| PREVIOUS US TRAVEL INFORMATION | | |
| **Have you previously visited the US?** | Yes / No | |
| **If “yes”, please provide details for your last 5 visits**  1.DD/MM/YYYY length of stay XX days  2. DD/MM/YYYY length of stay XX days  3. DD/MM/YYYY length of stay XX days  4. DD/MM/YYYY length of stay XX days  5. DD/MM/YYYY length of stay XX days  Note: If exact dates not known please provide best estimate(s) i.e. month/year. | 1.  2.  3.  4.  5. | |
| **Have you ever held a US drivers licence?** | Yes / No | |
| **If “yes”, please give license number and State** |  | |
| **Have you previously been issued a US visa** | | Yes / No |
| **If yes, please state following details for latest visa:**   1. Date visa issued 2. Date visa expired 3. Visa number (8 digit no displayed in red) 4. Are you applying for same type of visa 5. Are you applying in same country 6. Have you provided all ten fingerprints | | 4. Yes / No 5. Yes / No 6. Yes / No |
| **Has your US Visa ever been lost or stolen?**  **If “yes”, please state year of loss and brief explanation of circumstances** | | Yes / No |
| **Have you ever had a US visa cancelled or revoked?**  **If “yes”, please provide brief explanation of circumstances** | | Yes / No |
| **Have you ever been refused a US visa?**  **If “yes”, please provide brief explanation of circumstances** | | Yes / No |
| **Have you ever been refused admission to the US or withdrawn your application for admission at the point of entry?**  **If “yes”, please provide brief explanation of circumstances** | | Yes / No |
| **Have you ever been denied travel authorization by the Department of Homeland Security through the Electronic System for Travel Authorization (ESTA)?**  **If “yes”, please provide brief explanation of circumstances** | | Yes / No |
| **Has anyone ever filed a Green card application for permanent residence on your behalf?**  **If “yes”, please briefly explan the circumstances** | | Yes / No |

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| US POINT OF CONTACT INFORMATION | |
| **Please state US point of contact details:**  1. Contact person forename & surname or  2. Name of organisation and  3. Relationship to you and  4. US Street address and  5. US City and  6. US State and  7. US Zip (if known) and  8. US Phone number and  9. US Email address (if known) | 1.  2.  3.  4.  5.  6.  7.  8.  9. |

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| FAMILY INFORMATION | | |
| **Father’s Full Name (even if deceased)** |  | |
| **Father’s Date of Birth** |  | |
| **Is your father in the US?**  **If “yes”, please state status: citizen/legal permanent resident/non-immigrant/other** | Yes / No | |
| **Mother’s Full Name (even if deceased)** |  | |
| **Mother’s Date of Birth** |  | |
| **Is your mother in the US?**  **If “yes”, please state status: citizen/legal permanent resident/non-immigrant/other** | Yes / No | |
| **Do you have any immediate relatives, not including parents, in the United States?**  **If “yes”, please state**  **1. Full name**  **2. Relationship to you**  **3. Status: citizen/legal permanent resident/non- immigrant/other** | | Yes / No  1.  2.  3. |
| **Do you have any other relatives in the US?** | | Yes / No |

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| SPOUSE INFORMATION (complete where applicable) |  |
| **Current Spouse’s surname** |  |
| **Current Spouse’s maiden name** |  |
| **Current Spouse’s forename(s)** |  |
| **Current Spouse’s date of birth (dd/mm/yyyy)** |  |
| **Current Spouse’s nationality** |  |
| **Current Spouse’s place of birth**  1. City  2. Country |  |
| **Current Spouse’s full address** |  |
| **Are you divorced?**  **If yes, please state:**  1. Date of marriage to former spouce  2. Date of divorce from former spouce  3. Grounds for divorce  4. Divorced Spouce’s Surname  5. Divorced Spouce’s Forename(s)  6. Divorced Spouce’s Date of Birth  7. Divorced Spouce’s Nationality  8. Divorced Spouce’s Place of Birth (City/Country) | Yes / No  1.  2.  3.  4.  5.  6.  7.  8. |
| **Is your spouse or former spouse deceased?**  **If yes, please state:**  1. Deceased Spouce’s Surname  2. Deceased Spouce’s Forename(s)  3. Deceased Spouce’s Date of Birth  4. Deceased Spouce’s Date of Death  5. Deceased Spouce’s Cause of Death  6. Deceased Spouce’s Nationality  7. Deceased Spouce’s Place of Birth (City/Country) | Yes / No  1.  2.  3.  4.  5.  6.  7. |

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| WORK/EDUCATION/TRAINING INFORMATION | |
| **What is your primary occupation?** |  |
| **Are you self-employed?** | Yes / No |
| **If currently employed, please state current employer’s details:**   1. **Employer’s Name** 2. **Employer’s Full Address** 3. **Employer’s Telephone Number** 4. **Date Current Employment Started** |  |
| **Monthly salary (in local currency)** |  |
| **Brief current Job Description** |  |
| **If previously employed, please state previous employer’s details:**  1. Employer’s name  2. Employer’s full address  3. Employer’s telephone number  4. Brief previous job description  5. Supervisor Surname  6. Supervisor Given Name  7. Employment Date From  8. Employment Date To | 1.  2.  3.  4.  5.  6.  7.  8. |
| **Please provide details of the school you attended from the age of 14:**  1. School name  2. School’s full address  3. Attendance dates | 1.  2.  3. |
| **Please provide details of any further or higher education establishments attended:**  1. Establishment name  2. Establishment’s full address  3. Attendance dates  4. Qualification obtained | 1.  2.  3.  4. |
| **Provide a list of languages that you speak** |  |
| **Please list other countries you have travelled to in the last 5 years** |  |

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| SECURITY & BACKGROUND  (If you answer yes to any of the following security and background questions, please provide a brief explanation) | |
| **Have you or do you belong to any professional, social or charitable organisations?** | Yes / No |
| **Do you have any specialised skills or training such as firearms, nuclear, biological or chemical experience?** | Yes / No |
| **Have you ever served in the military? If yes please give details of branch, rank achieved and dates of service.** | Yes / No |
| **Have you ever served in, been a member of, or been involved with a paramilitary unit, vigilante unit, rebel group, guerrilla group or insurgent organisation?** | Yes / No |
| **Do you have a communicable disease of public health significance such as Tuberculosis?** | Yes / No |
| **Do you have a mental or physical disorder that poses a threat to safety or welfare or yourself or others?** | Yes / No |
| **Have you ever been a drug abuser or addict?** | Yes / No |
| **Have you ever been arrested or convicted for any offence or crime, even though subject of a pardon, amnesty or similar action? If yes please give full details of date, reason for arrest and outcome of proceedings.**  **Please also apply for an ACPO certificate.** | Yes / No |
| **Have you ever violated, or engaged in conspiracy to violate, any law relating to controlled substances?** | Yes / No |
| **Are you coming to the US to engage in prostitution or unlawful commercialised vice or have you been engaged in prostitution or procuring prostitutes in the last 10 years?** | Yes / No |
| **Have you ever committed or conspired to commit human trafficking offences in the USA?** | Yes / No |
| **Have you knowingly aided, abetted, assisted or colluded with an individual who has committed severe human trafficking offences in the USA?** | Yes / No |
| **Are you the spouse, son or daughter of an individual who has committed or conspired to commit a human trafficking offence in the last 5 years?** | Yes / No |
| **Have you ever been involved in, or do you seek to engage in money laundering?** | Yes / No |
| **Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the US?** | Yes / No |
| **Do you seek to engage in terrorist activities while in the US 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 terrorist organisations?** | Yes / No |

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| **Are you a member or representative of a terrorist organisation?** | Yes / No |
| **Are you the spouse, son, or daughter of an individual who has engaged in terrorist activity, including providing financial assistance or other support to terrorists or terrorist organizations, in the last five years?** | Yes / No |
| **Have you ever ordered, incited, assisted or otherwise participated in genocide?** | Yes / No |
| **Have you ever 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 engaged in the recruitment of child soldiers?** | Yes / No |
| **Have you, while serving, been responsible for, or directly carried out, at any time, particularly severe violations of religious freedoms?** | Yes / No |
| **Have you ever been involved in the establishment or enforcement of population controls, forcing a woman to undergo an abortion against her free choice, or a man or woman to undergo sterilization against his or her free will?** | Yes / No |
| **Have you ever been directly involved in the coercive transplantation of human organs of bodily tissue?** | Yes / No |
| **Have you ever been the subject of a deportation hearing?** | Yes / No |
| **Have you ever sought to obtain or assist others to obtain a visa, entry into the US, or any other US immigration benefit by fraud or wilful misrepresentation or other unlawful means?** | Yes / No |
| **Have you failed to attend a hearing on removability or inadmissibility in the last 5 years?** | Yes / No |
| **Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a US visa? If yes please give full details.** | Yes / No |
| **Have you ever withheld custody of a US citizen child outside of the US from a person granted legal custody by a US court?** | Yes / No |
| **Have you ever voted in the US in violation of any law or regulation?** | Yes / No |
| **Have you ever renounced US citizenship for the purpose of avoiding taxation?** | Yes / No |
| **Have you attended a public elementary school on student F status or public secondary school after 30 November 1996 without reimbursing the school?** | Yes / No |
| **Have you ever been removed or deported from any country?** | Yes / No |

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| TEMPORAR WORK VISA INFORMATION  (If you have indicated that the purpose of your trip to the U.S. is to work temporarily. Please provide the following information concerning your employer.) | |
| **Name of US Employer** |  |
| **Address of US Employer** |  |
| **Telephone no** |  |
| **Monthly Salary** |  |
| **Petition No** |  |
| **Name of person/company who filed petition** |  |