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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 HAS  PASSED 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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