



DIMAS

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Stamp DIMAS
With
submission
date

APPLICATION FORM FOR EXTENSION OF TOURIST STAY

No appointment is needed to apply for an extension. Extension of tourist stay can be requested by filling out this form and submitting it and all other required documents at the DIMAS in person. This can be done from Monday to Thursday, between 2:30-4.00PM. Due to the administrative process, it is advised to apply for an extension of tourist stay at least one work week before the original date of departure.

A. Data tourist:

1	Last name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
2	Name(s):	
3	Address in Aruba:	<input type="checkbox"/> Own private residence <input type="checkbox"/> Hotel/resort <input type="checkbox"/> Other*
4	Name Hotel/Resort:	
5	Telephone number in Aruba:	
6	Country of residence:	
7	Nationality:	
8	Passport number:	Valid until:
9	Passport issued by:	
10	Date of arrival:	Number of days granted by immigration at arrival:
11	Original date of departure:	
12	Requested new date of departure:	Number of additional days:

B. Please submit the following. All originals must be presented for verification.

1	Copy of the profile page and all the written and stamped pages of the petitioner's passport, valid for at least 3 months.
2	Copy Embarkation-Disembarkation card (ED-card).
3	Copy valid return ticket
4	Copy travel and accident insurance valid for the duration of the extended stay.
5	* If you are not staying at your own private residence or at a hotel/resort, you need a guarantor for the duration of your extended stay. If this is the case, you have to submit in addition to documents 1 to 4, a "guarantor declaration" (uitnodiging/garantverklaring).

C. Signature

Undersigned declares to be aware of the conditions for extension of his/her stay, and to have completed this form truthfully. Should this result to not be the case, this could have negative consequences for his/her current and future admission to Aruba.

Petitioner	Date
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DO NOT FILL OUT. FOR DIMAS USE ONLY.

Datum inname:		Ingenomen door:	
Administratieve controle:	Ex-pol:	<input type="checkbox"/> Positief	<input type="checkbox"/> Negatief,
	Immi. Pro.:	<input type="checkbox"/> Positief	<input type="checkbox"/> Negatief,
	NAVAS:	<input type="checkbox"/> Positief	<input type="checkbox"/> Negatief,
Advies chef: <input type="checkbox"/> Inwilligen <input type="checkbox"/> Afwijzen		_____	
Paraaf chef: _____ Datum: _____		Handtekening Hfd. Vreemdelingenzaken Datum	
		Verlenging toegestaan tot: _____	