



# DIMAS

Departamento di Integracion,  
Maneho y Admision di Stranhero

**CODE:**

Stamp DIMAS  
With  
submission  
date

## APPLICATION FORM FOR EXTENSION OF TOURIST STAY

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 7:30-11:00 and 1:30-3:30PM and on Friday from 7:30 to 11:30. 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:

CRV NR:500-

1	Last name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
2	Name(s):	Email:	
3	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced		
4	Date of Birth:	Nationality:	Country of residence:
5	Passport number:	Valid until:	Passport issued by:
6	Address in Aruba/ name hotel/resort:		
7	Telephone number in Aruba:	<input type="checkbox"/> Own private residence <input type="checkbox"/> Hotel/resort <input type="checkbox"/> Other*	
8	Date of arrival:	Number of days granted by immigration on arrival:	
9	Original date of departure:	Requested new date of departure:	
10	Number of additional days:		
11	Reason for requesting extension:		

### B. Please submit the following. All originals must be presented for verification. The guarantor (if applicable) and the tourist need to be present when applying for an extension.

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	A copy of both sides of the Embarkation-Disembarkation card (ED-card). Submit the original for inspection.
3	Copy of a valid return ticket of the requested new departure date.
4	Copy of travel insurance (medical and liability) valid for Aruba for the duration of the extended stay.
5	If applicable, a copy of your visa for Aruba
6	If you are staying in a hotel/resort a copy of a <b>paid reservation</b> for the duration of your extended stay.
7	<b>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 the guarantor needs to co-sign this application form. In addition to documents 1 to 6 you will also need to submit the following documents:</b>
8	The guarantor needs to submit a completed original form concerning the statement regarding income, signed by the guarantor. (The DIMAS can submit this information to the SIAD for verification)
9	Clear photocopy of the valid identification of the guarantor (if applicable) (if guarantor is subject to a permit, a copy of his/her residence permit).
10	A: completed original form concerning the authorization to inspect the tourist accommodations, signed by the guarantor.
11	G: Original extract of the Civil Registry of the guarantor, of AWG 5.00 (not older than 6 months upon submission of the application).

### C. Signatures

Undersigned declares to be aware of the conditions for extension of his/her tourist stay, and to have completed this form truthfully. Should this not be the case, this could have negative consequences for his/her current and future admission to Aruba. During their stay in Aruba tourist are **NOT ALLOWED TO WORK. THE DIMAS IS ENTITLED TO REQUEST ADDITIONAL INFORMATION.**

Petitioner	Guarantor (if applicable)	Date
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**This part of the application form should only be signed in the presence of a DIMAS official.  
SIGNING BY THE GUARANTOR**

The undersigned declares to warrant the costs incurred by the Country of Aruba and any other public entities resulting from the stay in Aruba of the foreigner during the complete period of the permitted stay. Furthermore, the undersigned declares to earn a for Aruba applicable living wage as established by the C.B.S (Central Bureau of Statistics) and to be able to submit the necessary proof thereof. Additionally the undersigned declares that all costs incurred by the Country of Aruba and other public entities, resulting from the stay of the foreigner, also including the traveling costs of the foreigner to a place outside Aruba where his/her admission is guaranteed, may be recovered from guarantor. The undersigned will remain responsible for the foreigner's stay at his residence up to the day upon which the extended tourist stay ends and the tourist leaves the island or up to the day upon which the guarantor obligation has been assumed by someone else to the satisfaction of the DIMAS or the status of the foreigner has been modified and he/she will no longer be in need of a guarantor.

**Data guarantor**

Last name:	
First names:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	CRV-nr.: 500-1-
Number of persons currently living in the house:	
Place of employment:	
Cel / Tel nr.	Email:
Relation to applicant:	

<b>Signature guarantor:</b>	<b>Date:</b>	<input type="checkbox"/> <b>Signed in person</b>	<input type="checkbox"/> <b>Paraaf</b>
The Dimas official declares to have received and processed on the date mentioned above, the request for an extension of tourist stay accompanied with the necessary documents			
_____ Signature Official DIMAS			

**DO NOT FILL OUT. FOR DIMAS USE ONLY**

<b>Datum Administratieve controle:</b>					
<b>Radex:</b>	<input type="checkbox"/> Pos <input type="checkbox"/> neg	<b>Immi. Pro.:</b>	<input type="checkbox"/> Pos <input type="checkbox"/> neg	<b>NAVAS:</b>	<input type="checkbox"/> Pos <input type="checkbox"/> neg
<b>RPL3 :</b>	<input type="checkbox"/> Pos <input type="checkbox"/> neg	<b>Hotel controle</b>	<input type="checkbox"/> Pos <input type="checkbox"/> neg	<b>Screening verblijf Toerist</b>	<input type="checkbox"/> Pos <input type="checkbox"/> neg
<b>Screening verblijf Geschiedenis GS</b>	<input type="checkbox"/> Pos <input type="checkbox"/> neg	<b>Paraaf voor controle:</b>			
<b>Advies medewerker:</b> <input type="checkbox"/> Inwilligen tot en met ..... / ..... / 20... <input type="checkbox"/> <b>Afwijzen wegens:</b> <input type="checkbox"/> Maximaal wettelijk toegestane periode per jaar op Aruba verbleven. <input type="checkbox"/> Wegens illegaal verblijf <input type="checkbox"/> Het niet hebben van een geldige reis en ziektekosten verzekering. <input type="checkbox"/> Te laat indienen van een verlengingsaanvraag. <input type="checkbox"/> Onvolledige documenten. <input type="checkbox"/> Overige:.....			<b>Advies Chef:</b> <input type="checkbox"/> Inwilligen <input type="checkbox"/> Afwijzen Paraaf chef: _____ Datum: _____ <b>Beslissing :</b> Aanvraag : <input type="checkbox"/> Afgewezen conform advies <input type="checkbox"/> Inwilligen tot en met ..... / ..... / 20...		
Paraaf: _____ Datum: _____			_____ Datum		



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## STATEMENT REGARDING INCOME

### A. Data applicant

1	Name :	<input type="checkbox"/> Male <input type="checkbox"/> Female
2	First names:	Marital Status:
3	Date of Birth:	I.D number:
4	Address:	
<b>If applicable data partner / Co-signer:</b>		
5	Name :	I.D number:
6	First names:	
7	Date of Birth:	

### B. Data annual income

Type of Income	From applicant	Partner / co-signer (if applicable)
8 Gross income from Labor	AWG.	AWG.
9 Gross income from Pension	AWG.	AWG.
10 Gross income from Benefits	AWG.	AWG.
11 Other income (e.g. odd jobs)	AWG.	AWG.
12 Fixed asset or income stemming from rental agreement.	AWG.	AWG.

### The applicant, also the undersigned party, declares:

- That all data have been truthfully provided;
- To be informed of the fact that the data supplied will be inserted in the administration of the Dimas;
- To be informed that the Dimas may acquire information at several departments (e.g. the SIAD) to verify the data provided;
- To be informed that the Dimas may share the provided information with the SIAD upon its request in case the information provided does not agree with its administration;
- To be informed of the fact that providing incorrect information or omitting data may lead to rejection or annulment of the application or subject you to criminal prosecution.

### C. Signatures

Applicant	Date
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## TOESTEMMING CONTROLE TOERISTISCH VERBLIJF

In het kader van de afgifte van een verlenging van het toeristisch verblijf van dhr/mw....., waarbij de ondergetekende zijn woning als tijdelijke verblijfsplaats beschikbaar stelt, verklaard de ondergetekende:

NAAM :

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ADRES :

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Dat hij/zij:

Zijn/haar uitdrukkelijke toestemming verleent en alle medewerking zal verlenen aan de Departamento di Integracion, Maneho y Admision di Stranhero (DIMAS), ten einde het aan hem/haar toebehorende verblijf op bovengenoemd adres te doen controleren op de naleving van de geldige vereisten. Tevens verklaart de ondergetekende dat hij ervan bewust is dat de verkregen informatie uitgewisseld kan worden met andere diensten. Uitdrukkelijke toestemming wordt ook aan de DIMAS verleend voor het maken van geluid en beeld opnames.

DATUM, \_\_\_\_\_

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Handtekening garantsteller