



VISA APPLICATION

IMPORTANT! Please type or print using ballpoint

I declare that data supplied by me is correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under Russian law. I undertake to leave the territory of the Russian Federation upon the expiry of the visa, if granted. I understand that possession of a visa does not entitle its bearer to enter Russia. I will not seek compensation if I am refused to enter Russia.

**** - not to be filled by holders of diplomatic and official passports**

1. Nationality (If you formerly had USSR or Russian citizenship, please indicate when and why you lost it)	6. Purpose of visit
	7. Category and type of visa

2. Last name (as in passport)	8. Number of entries Single entry <input type="checkbox"/> Double entry <input type="checkbox"/> Multiple entry <input type="checkbox"/>
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3. First and middle names (as in passport)	9. Date of entry in Russia	10. Date of departure from Russia
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4. Date of birth (dd/mm/yy)	5. Sex M <input type="checkbox"/> F <input type="checkbox"/>	(dd/mm/yy)	(dd/mm/yy)
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11. Passport No	Date of issue (dd/mm/yy)
Issued by	Valid until (dd/mm/yy)

12. Type of passport	diplomatic <input type="checkbox"/>	official <input type="checkbox"/>	tourist <input type="checkbox"/>
other <input type="checkbox"/>	please specify		

13. Russian institution or organization to be visited? (for tourists – name and reference number of the host tourist company, for businessmen – name of the host organization and town, for private persons – last name, first name, middle names and home address of the host)

14. Itinerary(places of visit)

****15. Do you have a medical insurance valid in Russia?**
yes Please specify? no

16. Who will pay for your trip to and stay in Russia?

17. Marital status married single (never married) divorced separated widowed

18. Spouse's full name (if divorced or separated, please indicate maiden name if applicable)	19. Spouse's date of birth (dd/mm/yy)
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20. Spouse's place of birth

**21. Your father's full name	**22. Your mother's full name
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23. Have you ever been issued a Russian visa? (When and where?)

****24. Has your passport ever been lost or stolen?** yes no

**25. List all countries you have visited in the last ten years and indicate the year of visit	**26. List all countries which have ever issued you a passport
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****27. List your last two places of work, excluding the current one**

1. Name	Phone number
Address	Your chief's surname
Your position	Dates of joining – dismissal (mm/yy) (mm/yy)
2. Name	Phone number
Address	Your chief's surname
Your position	Dates of joining – dismissal (mm/yy) (mm/yy)

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****28. List all educational institutions you ever attended, except high schools**

1. Name _____	Address and phone number _____
Course of study _____	Dates of admission and graduation: _____ (mm/yy) _____ (mm/yy)
2. Name _____	Address and phone number _____
Course of study _____	Dates of admission and graduation _____ (mm/yy) _____ (mm/yy)

****29. List all professional, civil and charity organizations which you are / were a member of or cooperate / cooperated with**

****30. Do you have any specialized skills, training or experience related to fire-arms and explosives or to nuclear matters, biological or chemical substance? If yes, please specify**

****31. Have you ever performed a military service? If yes, indicate the country, branch of service, rank, military occupation and dates of service**

****32. Have you ever been involved in an armed conflicts, either as a member of the military service or a victim? If yes, please specify**

33. IMPORTANT! EACH APPLICANT MUST READ AND GIVE ANSWERS TO THE FOLLOWING QUESTIONS

A visa may be refused to persons who are within specific categories defined by the law as inadmissible to Russia.

Have you ever been arrested or convicted for any offence? yes <input type="checkbox"/> When? (dd/mm/yy) _____ Where? _____	no <input type="checkbox"/>
Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder? Have you ever been a drug abuser or a addict?	yes <input type="checkbox"/> no <input type="checkbox"/>
Have you ever been refused a Russian visa? yes <input type="checkbox"/> When? (dd/mm/yy) _____ Where? _____	no <input type="checkbox"/>
Has your Russian visa ever been canceled? yes <input type="checkbox"/> When? (dd/mm/yy) _____ Where? _____	no <input type="checkbox"/>
Have you ever tried to obtain or assisted others to obtain a Russian visa or enter Russia by providing misleading or false information?	yes <input type="checkbox"/> no <input type="checkbox"/>
Have you ever overstayed your Russian visa or stayed unlawfully in Russia?	yes <input type="checkbox"/> no <input type="checkbox"/>
Have you ever been deported from Russia? yes <input type="checkbox"/> When? (dd/mm/yy) _____ Where? _____	no <input type="checkbox"/>

Your answer yes in item 33 does not automatically signify ineligibility for a visa. In this case you may be required to personally appear before a consular officer.

34. Name, address and phone number of a person or hotel in Russia that you plan to stay with

35. Has this application been completed personally by you? If no, indicate the person completing this application in item 36 yes no

36. Application completed: Surname, first name _____

Relationship to applicant _____ Applicant's address _____



I agree to my personal data on this application form being processed and communicated to the appropriate Russian authorities for the issue of a visa.

Date (dd/mm/yy), applicant's signature _____

37. Other names ever used (maiden name, pen-name, holy orders, et..)

38. Your permanent address, phone and fax number, E-mail

39. Place of birth (If born in Russia, please indicate when and what country you emigrated to)

40. Place of work or study, present position (name, address, phone and fax numbers, E-mail)

41. Are any of your relatives staying in Russia now?

(full name, relation degree, date of birth, permanent address) _____