



# Embassy of the Russian Federation

## VISA APPLICATION

IMPORTANT! Please type or print using ballpoint pen

*I declare that to the best of my knowledge all particulars supplied by me are 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 the legislation of the Russian Federation. I undertake to leave the territory of the Russian Federation upon the expiry of the visa, if granted/ I am aware that the fact that a visa has been granted to me does not mean that I will be entitled to enter the territory of the Russian Federation, if any reasons are appear. In a case of refusal of entry I do not have a right to compensation of damage.*

<b>1. Present citizenship (if you formerly had USSR or Russian citizenship, please indicate when and why you lost it)</b> <input style="width: 100%; height: 15px;" type="text"/>		<b>2. Last name (as in passport, in capital letters)</b> <input style="width: 100%; height: 15px;" type="text"/>	
<b>3. First and middle names (as in passport)</b> <input style="width: 100%; height: 15px;" type="text"/>		<b>4. Other names ever used (maiden name, pen-name, holy orders, etc.)</b> <input style="width: 100%; height: 15px;" type="text"/>	
<b>5. Place of birth (if born in Russia, please indicate when and to what country you emigrated)</b> <input style="width: 100%; height: 15px;" type="text"/>		<b>6. Date of birth (DD/MM/YY)</b> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
<b>8. Purpose of visit</b> official <input type="checkbox"/> tourism <input type="checkbox"/> medical <input type="checkbox"/> business <input type="checkbox"/> private <input type="checkbox"/> cultural <input type="checkbox"/> sports <input type="checkbox"/> other, please specify    C H A R I T Y <input style="width: 20px; height: 15px;" type="text"/>		<b>7. Sex</b> M <input type="checkbox"/> F <input type="checkbox"/>	
<b>9. Russian institution or organization to be visited (name and address, phone, fax number, E-mail, name of contact person)</b> СПБ-КПОО «МИР» Санкт-Петербург 190020, набережная Обводного канала, д. 223/225; тел./факс 230-44-41; mir@mir-russia.com; Ошкина Мария		<b>11. Date of entry (DD/MM/YY)</b> <b>12. Date of departure (DD/MM/YY)</b> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
<b>**10. Itinerary (places to be visited)</b> <input style="width: 100%; height: 15px;" type="text"/>		<b>13. Number of entries</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> multiple <input type="checkbox"/>	
<b>14. Passport No</b> <input style="width: 100%; height: 15px;" type="text"/>	<b>Issued by</b> <input style="width: 100%; height: 15px;" type="text"/>	<b>Date of issue</b> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	<b>Valid until</b> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
<b>15. Type of passport</b> <input type="checkbox"/> diplomatic <input type="checkbox"/> official <input type="checkbox"/> tourist <input type="checkbox"/> seaman's passport <input type="checkbox"/> alien's travel document <input type="checkbox"/> other (please specify) <input style="width: 100%; height: 15px;" type="text"/>			
<b>**16. Name and reference number of the tourist group</b> N / A <input style="width: 100%; height: 15px;" type="text"/>			
<b>**17. Do you have a medical insurance policy valid in Russia (please specify)?</b> <input style="width: 100%; height: 15px;" type="text"/>			
<b>18. Who will pay for your trip to and stay in Russia?</b> M Y S E L F <input style="width: 100%; height: 15px;" type="text"/>			
<b>19. Marital status</b> married <input type="checkbox"/> single (never married) <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widowed <input type="checkbox"/>			
<b>20. Spouse's full name (even if divorced or separated, please indicate maiden name if applicable)</b> <input style="width: 100%; height: 15px;" type="text"/>		<b>21. Spouse's date of birth (dd/mm/yy)</b> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
<b>22. Spouse's place of birth</b> <input style="width: 100%; height: 15px;" type="text"/>			
<b>**23. Your father's full name</b> <input style="width: 100%; height: 15px;" type="text"/>		<b>**24. Your mother's full name</b> <input style="width: 100%; height: 15px;" type="text"/>	
<b>25. Have you ever been issued a Russian visa?</b> Yes <input type="checkbox"/> When? <input style="width: 20px; height: 15px;" type="text"/> Where? <input style="width: 100%; height: 15px;" type="text"/> No <input type="checkbox"/>			
<b>**26. Has your passport ever been lost or stolen?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>**27. List all countries you have visited in the last ten years and indicate the year of visit:</b> <input style="width: 100%; height: 15px;" type="text"/>		<b>**28. List all countries which have ever issued you a passport</b> <input style="width: 100%; height: 15px;" type="text"/>	
<b>**29. List your last two places of work, excluding the current one</b>			
1. Name <input style="width: 100%; height: 15px;" type="text"/> Address <input style="width: 100%; height: 15px;" type="text"/> Your position <input style="width: 100%; height: 15px;" type="text"/>	Phone number <input style="width: 100%; height: 15px;" type="text"/> Your chief's surname <input style="width: 100%; height: 15px;" type="text"/> Dates of joining - dismissal <input style="width: 100%; height: 15px;" type="text"/>	2. Name <input style="width: 100%; height: 15px;" type="text"/> Address <input style="width: 100%; height: 15px;" type="text"/> Your position <input style="width: 100%; height: 15px;" type="text"/>	Phone number <input style="width: 100%; height: 15px;" type="text"/> Your chief's surname <input style="width: 100%; height: 15px;" type="text"/> Dates of joining - dismissal <input style="width: 100%; height: 15px;" type="text"/>

