



Embassy / Consulate General of the Russian Federation in _____

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.

1. Present citizenship (if you formerly had USSR or Russian citizenship, please indicate when and why you lost it)		2. Last name (as in passport, in capital letters)	
3. First and middle names (as in passport)		4. Other names ever used (maiden name, pen-name, holy orders, etc.)	
5. Place of birth (if born in Russia, please indicate when and to what country you emigrated)		6. Date of birth (DD/MM/YY)	7. Sex M <input type="checkbox"/> F <input type="checkbox"/>
8. Purpose of visit 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		9. Russian institution or organization to be visited (name and address, phone, fax number, E-mail, name of contact person)	
**10. Itinerary (places to be visited)		11. Date of entry (DD/MM/YY)	12. Date of departure (DD/MM/YY)
14. Passport No		Issued by	Date of Issue
15. Type of passport <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)		13. Number of entries 1 <input type="checkbox"/> 2 <input type="checkbox"/> multiple <input type="checkbox"/>	
**16. Name and reference number of the tourist group			
**17. Do you have a medical insurance policy valid in Russia (please specify)?			
18. Who will pay for your trip to and stay in Russia?			
19. Marital status married <input type="checkbox"/> single (never married) <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widowed <input type="checkbox"/>			
20. Spouse's full name (even if divorced or separated, please indicate maiden name if applicable)		21. Spouse's date of birth (dd/mm/yy)	
22. Spouse's place of birth			
**23. Your father's full name		**24. Your mother's full name	
25. Have you ever been issued a Russian visa? Yes <input type="checkbox"/> When? <input type="checkbox"/> Where? <input type="checkbox"/> No <input type="checkbox"/>			
**26. Has your passport ever been lost or stolen? Yes <input type="checkbox"/> No <input type="checkbox"/>			
**27. List all countries you have visited in the last ten years and indicate the year of visit		**28. List all countries which have ever issued you a passport	
**29. 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	
2. Name		Phone number	
Address		Your chief's surname	
Your position		Dates of joining - dismissal	

**30. List all educational institutions you ever attended, except high schools	
1. Name <input type="text"/> <input type="text"/> <input type="text"/> Course of study <input type="text"/> <input type="text"/> <input type="text"/>	Address and phone number <input type="text"/> <input type="text"/> Dates of admission and graduation <input type="text"/> <input type="text"/>
2. Name <input type="text"/> <input type="text"/> <input type="text"/> Course of study <input type="text"/> <input type="text"/> <input type="text"/>	Address and phone number <input type="text"/> <input type="text"/> Dates of admission and graduation <input type="text"/> <input type="text"/>
**31. List all professional, civil and charity organizations which you are (were) a member of or contribute (contributed) or cooperate (cooperated) with <input type="text"/> <input type="text"/> <input type="text"/>	**32. Do you have any specialized skills, training or experience related to fire-arms and explosives or to nuclear, biological or chemical activities? If «Yes», please explain <input type="text"/> <input type="text"/> <input type="text"/>
**33. Have you ever performed a military service? If «Yes», indicate the country, branch of service, rank, military occupation and dates of service <input type="text"/> <input type="text"/>	
**34. Have you ever been involved in an armed conflict, either as a member of the military service or a victim? If «Yes», please explain <input type="text"/> <input type="text"/>	
35. Is any of your relatives mentioned below staying in Russia now? Is he (she) a permanent resident or citizen of Russia? If «Yes», indicate that person's full name, address and status in Russia (citizen of Russia, permanent or temporary resident, visiting, studying, working, etc Husband/Wife <input type="text"/> Father/Mother <input type="text"/> Brother/Sister <input type="text"/> Bridegroom/Bride <input type="text"/> Son/Daughter <input type="text"/>	
36. IMPORTANT! EACH APPLICANT MUST READ AND GIVE ANSWERS TO THE FOLOWING QUESTIONS A visa may not be issued to persons belonging to specific categories, defined by the Law as undesirable, except in cases when a waiver has been obtained in advance.	
Have you ever been arrested or convicted for any offence? Yes <input type="checkbox"/> When? <input type="text"/> Where? <input type="text"/> No <input type="checkbox"/>	
<ul style="list-style-type: none"> • Have you ever been sick with a communicable disease of risk for the public or suffered a dangerous physical or mental disorder? Have you ever abused drugs or been a drug-addict? Yes <input type="checkbox"/> No <input type="checkbox"/> • Have you ever been refused a Russian visa? Yes <input type="checkbox"/> When? <input type="text"/> Where? <input type="text"/> No <input type="checkbox"/> • Has your Russian visa ever been canceled? Yes <input type="checkbox"/> When? <input type="text"/> Where? <input type="text"/> 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? <input type="text"/> Where? <input type="text"/> No <input type="checkbox"/> 	
While an affirmative answer does not automatically mean ineligibility for a visa, if you answered «Yes» you will have to appear in person before a Consular officer.	
37. Your permanent address, phone, fax number and E-mail address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 38. Place of work or study (name, address, phone and fax number, E-mail address), present position <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place for photograph
39. Name, address and phone number of person or hotel in Russia that you plan to stay with <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Applicant's signature, Date
40. Has anyone assisted you in completing this application form? If «Yes», have the assisting person complete Item 41 Yes <input type="checkbox"/> No <input type="checkbox"/> 41. Application completed by Name <input type="text"/> Relationship to applicant <input type="text"/> <input type="text"/> Address <input type="text"/> <input type="text"/>	
Signature of person completing the form, Date <input type="text"/> <input type="text"/>	

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

**30. List all educational institutions you ever attended, except high schools	
<i>1. Name</i>	<i>Address and phone number</i>
<input type="text"/>	<input type="text"/>
<i>Course of study</i>	<i>Dates of admission and graduation</i>
<input type="text"/>	<input type="text"/>
<i>2. Name</i>	<i>Address and phone number</i>
<input type="text"/>	<input type="text"/>
<i>Course of study</i>	<i>Dates of admission and graduation</i>
<input type="text"/>	<input type="text"/>
**31. List all professional, civil and charity organizations which you are (were) a member of or contribute (contributed) or cooperate (cooperated) with	**32. Do you have any specialized skills, training or experience related to fire-arms and explosives or to nuclear, biological or chemical activities? If «Yes», please explain
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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**33. Have you ever performed a military service? If «Yes», indicate the country, branch of service, rank, military occupation and dates of service	
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35. Is any of your relatives mentioned below staying in Russia now? Is he (she) a permanent resident or citizen of Russia? If «Yes», indicate that person's full name, address and status in Russia (citizen of Russia, permanent or temporary resident, visiting, studying, working, etc	
<i>Husband/Wife</i>	<input type="text"/>
<i>Father/Mother</i>	<input type="text"/>
<i>Brother/Sister</i>	<input type="text"/>
<i>Bridegroom/Bride</i>	<input type="text"/>
<i>Son/Daughter</i>	<input type="text"/>
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A visa may not be issued to persons belonging to specific categories, defined by the Law as undesirable, except in cases when a waiver has been obtained in advance.	
Have you ever been arrested or convicted for any offence?	
<i>Yes</i> <input type="checkbox"/> <i>When?</i> <input type="text"/> <i>Where?</i> <input type="text"/>	<i>No</i> <input type="checkbox"/>
<ul style="list-style-type: none"> • Have you ever been sick with a communicable disease of risk for the public or suffered a dangerous physical or mental disorder? Have you ever abused drugs or been a drug-addict? <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> • Have you ever been refused a Russian visa? <i>Yes</i> <input type="checkbox"/> <i>When?</i> <input type="text"/> <i>Where?</i> <input type="text"/> <i>No</i> <input type="checkbox"/> • Has your Russian visa ever been canceled? <i>Yes</i> <input type="checkbox"/> <i>When?</i> <input type="text"/> <i>Where?</i> <input type="text"/> <i>No</i> <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? <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> • Have you ever overstayed your Russian visa or stayed unlawfully in Russia? <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> • Have you ever been deported from Russia? <i>Yes</i> <input type="checkbox"/> <i>When?</i> <input type="text"/> <i>Where?</i> <input type="text"/> <i>No</i> <input type="checkbox"/> 	
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37. Your permanent address, phone, fax number and E-mail address <input type="text"/> <input type="text"/> <input type="text"/> 38. Place of work or study (name, address, phone and fax number, E-mail address), present position <input type="text"/> <input type="text"/> <input type="text"/> 39. Name, address and phone number of person or hotel in Russia that you plan to stay with <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"><i>Place for photograph</i></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"><i>Applicant's signature, Date</i></div> <div style="border: 1px solid black; padding: 5px;"> 40. Has anyone assisted you in completing this application form? If «Yes», have the assisting person complete item 41 <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> 41. Application completed by <i>Name</i> <input type="text"/> <i>Relationship to applicant</i> <input type="text"/> <input type="text"/> <i>Address</i> <input type="text"/> <input type="text"/> <i>Signature of person completing the form, Date</i> </div>

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