



CONSULATE OF THE KYRGYZ REPUBLIC

Embassy of the Kyrgyz Republic
2360 Massachusetts Ave., N.W., Washington, DC 20008
Tel: (202) 449-9822; Fax: (202) 386-7550

affix the
photo here

VISA APPLICATION FORM

(Application form must be typed or written in block letters)

Citizenship:		Passport number:		Expiration date:		Type:					
Last name (in capital letters)			First			Middle name(s)					
Date of Birth:		Place of Birth:		Sex:							
_ _ _ _ _ _ _ day month year				<input type="checkbox"/> Male		<input type="checkbox"/> Female					
Name of spouse:		Contact organization or private host in Kyrgyzstan, including address and tel.:									
Purpose of trip: <input type="checkbox"/> Business <input type="checkbox"/> Pleasure											
Specific purpose of visit											
Type of visa requested: Transit Single entry <input type="checkbox"/> Tourist <input type="checkbox"/> Double-entry <input type="checkbox"/> Multiple entry (1 year) <input type="checkbox"/>											
Intended duration											
From:		Until:		(For official use only)							
_ _ _ _ _ _ _ day month year		_ _ _ _ _ _ _ day month year									
Occupation, office address:								Permanent address:			
Tel:								Tel:			
Dates of all previous visits to the Kyrgyz Republic:								Категория: Дип Служ Обыкн Тур			
I declare that the data given in this application are correct and comprehensive.											
Signature				Date							

(For official use only)

Номер:

Дата поступления:
Дата выдачи:

Сроком с:
Сроком до:

Категория:
Дип Служ Обыкн Тур

Вид:
Транз Одн Двукр Многокр
..... дней
..... мес
..... год

Примечание:

№