



EMBASSY OF THE KYRGYZ REPUBLIC

2360 Massachusetts Ave, Washington, DC 20008
Tel: (202) 338-5141 / (202) 742 6602; Fax: 202 742 6501
E-mail: Consul@kyrgyzembassy.org



affix the
photo here

VISA APPLICATION FORM

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

Citizenship: United States		Passport number:	Expiration date:	Type: Regular												
Last name (in capital letters)		First	Middle name(s)													
Date of Birth:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>day</td><td>month</td><td>year</td><td colspan="3"> </td></tr></table>							day	month	year				Place of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
day	month	year														
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: <input type="checkbox"/> Transit <input type="checkbox"/> Single Entry <input type="checkbox"/> Tourist <input type="checkbox"/> Double-entry <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year																
Intended duration From: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									(For official use only)							
Until: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																
Occupation, office address:		Permanent Address:		Номер:												
				Дата поступления: Дата выдачи:												
				Сроком с: Сроком до:												
Tel:		Tel:		Категория: Дип Служ Обыкн Тур												
Dates of all previous visits to the Kyrgyz Republic:																
I declare that the data given in this application are correct and comprehensive.																
Signature _____			Date _____													

Примечание:

№

..... мес.....год