



# CONSULATE OF THE KYRGYZ REPUBLIC

Embassy of the Kyrgyz Republic  
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Tel: (202) 338-5141; Fax: (202) 338-5139  
E-mail: Embassy@kyrgyzstan.org

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## 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:				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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:						(6 months)		
<input type="checkbox"/> Transit <input type="checkbox"/> Single entry <input type="checkbox"/> Tourist <input type="checkbox"/> Double-entry						Multiple entry (1 year)		
Intended duration								
From:		Until:						
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day month year		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day month year						
Occupation, office address:				Permanent address:				
Tel:				Tel:				
Dates of all previous visits to the Kyrgyz Republic:								
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

..... мес ..... год

Примечание:  
№