



Application for Visa

This application form is free

1. Surname(s) (family name(s))			<p style="text-align: center;">FOR EMBASSY/ CONSULATE USE ONLY</p> <p>Date application:</p> <p>File handled by:</p> <p><input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means</p> <p>Valid until</p> <p><input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health insurance <input type="checkbox"/> Other :</p> <p><input type="checkbox"/> LTV <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D + C <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple</p>														
2. Father's name																	
3. First names (given names)																	
4. Date of birth		5. Place and country of birth															
6. Current nationality		7. Original nationality (nationality at birth)															
8. Number of passport		9. Issued by															
11. Current occupation		10. Date of issue															
11. Current occupation		12. Employer's name, address and telephone number															
13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		14. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other															
15. Spouse's name and surname	16. Spouse's date / place of birth	17. Spouse's nationality															
<p>18. Children</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%; text-align: left;">Surname</th> <th style="width: 40%; text-align: left;">Name</th> <th style="width: 40%; text-align: left;">Date of birth</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> </tbody> </table>			Surname	Name	Date of birth	1.			2.			3.			4.		
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1.																	
2.																	
3.																	
4.																	
19. Type of visa <input type="checkbox"/> Individual <input type="checkbox"/> Collective	20. Type of Visa : <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay	21. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries															
22. Other visas for Cyprus / Schengen States		23. Purpose of travel															
24. Date of arrival		25. Date of departure															
26. Name of Hotel or Persons for recommendation during the stay / Address and telephone																	
27. Means of support during your stay <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Hosted guest <input type="checkbox"/> Prepaid tourist package <input type="checkbox"/> Other (specify)																	
28. Present address and telephone number																	
29. Place and date		30. Signature															