

REPUBLIC



OF CYPRUS

Stamp Embass
Consulate

Photo

Application for Visa

This application form is free

1. Surname(s) (family name(s))			FOR EMBASSY/ CONSULATE USE ONLY
2. Father's name			
3. First names (given names)			
4. Date of birth (year-month-day)		5. Place and country of birth	Date application :
6. Current nationality/ies		7. Original nationality (nationality at birth)	File handled by :
8. Number of passport		9. Issued by	<input type="checkbox"/> Valid passport
			<input type="checkbox"/> Financial means
11. Current occupation		12. Employer's address and telephone number	Valid until
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	<input type="checkbox"/> Invitation
			<input type="checkbox"/> Means of transport
			<input type="checkbox"/> Health insurance
			<input type="checkbox"/> Other :
15. Spouse's name and surname	16. Spouse's Date / place of birth	17. Spouse's Nationality	
13. Children			
Surname	Name	Date of birth	
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	<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
22. Other visas (issued during the past three years) and their period of validity		23. Purpose of travel	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple
24. Date of arrival		25. Date of departure	
26. Persons for recommendation during the stay / Address and telephone			
27. Means of support during your stay Cash Travellers' cheques Credit cards Accommodation Other: Travel and/or health insurance. Valid until:			
28. Present address and telephone number			
29. Place and date		30. Signature	