

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

E-маil: <u>consul@kgembassy.org</u> Internet: http://www.kgembassy.org

affix the photo here

VISA APPLICATION FORM

(Application form must be typed or	r written in block letters)		
Citizenship:	Passport number:	Expiration date:	Type:
Last name (in capital letters)	First		Middle name(s)
Date of Birth: day month ye	Place of Birth:		Sex: Male Female
Purpose of trip: Business Pleasure	Contact organization or private	host in Kyrgyzstan, includi	ing address and tel.:
Specific purpose of visit			
Type of visa requested: Transit Single entry	Tourist Double	e-entry Multiple entr	ry (1 year)
Intended duration From:	Permanent address:	onth year	(For official use only) Номер: Дата поступления: Дата выдачи: Сроком с: Сроком до:
Tel:	Tel:		Категория: Дип Служ Обыкн Тур
Dates of all previous visits to the I I declare that the data given in this app		ensive.	Вид: Транз Одн Двукр Многокр
Signature Date			дней мес год

Примечание:

Nº