

CONSULATE OF THE KYRGYZ REPUBLIC IN NEW YORK CITY

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VISA APPLICATION FORM

(Application form must be	typed	or written in block I	etters)		
Citizenship:	Pass	sport number: Expiration date):	Type:
Last name (in capital letters)		First		Middle name(s)	
Date of Birth:		Place of Birth:		Sex: Male Female	
day month					
<u>-</u>	Contact and tel.	t organization or pr :	ıvate host ın Kyrç	gyzstan, in	cluding address
Purpose of trip: Business Pleasure					
Specific purpose of visit					
Type of visa requested: Transit Single entry Tourist Double-entry				/ Mult	(6 months) iple entry (1year)
Intended duration					
From: day month		Until:		(For official use only)	
day month year Occupation, office address:		day month year Permanent address:		Номер:	
				Дата пос Дата выд	гупления: ачи:
				Сроком с Сроком д	
Tel:		Tel:		V	
Dates of all previous visits to the Kyrgyz Republic:				Категория: Дип Служ Обыкн Тур	
				Вид:	
I declare that the data given in this application are correct and comprehensive.			rehensive.	Транз Одн Двукр Многокр дней	
Signature Date				мес год	

Примечание:

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