PHOTO

EMBASSY OF REPUBLIC OF CUBA
CONSULAR SECTION
APPLICATION FORM FOR A VISA

(To be completed in block letters)

Full names and surnames: _____

Date of Birth: _____/ _____/ _____ (D / M / Y) Country of Birth: _____

Nationality: _____ Sex: ___ ___ (M / F) Marital Status: _____

Profession: _____ Occupation: _____

Home address: _____

_____

Phone No.: _____ E-mail: _____

Name and business address: _____

Passport No.: _____ Type: _____

Issuing Country: _____ Issuing date: ___/ ___/ ___/ (D / M / Y) Valid until: ___/ ___/ ___/ (D / M / Y)

Purpose of visit: _____

Was the applicant previously in Cuba? _____ When? _____

Name of person, institution or company to visit in Cuba: _____

_____

(For business and official visits)

Date of entry: _____ Date of exit: _____

Place of embarking: _____ Place of entry: _____

Particulars of minor children who will accompany the applicant and are included in the applicant's passport.

Name	Place of Birth	Date of Brith
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare that the above particulars given by me are true in substance and fact.

Date: _____ _____
Signature

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Date of granting _____ Type of visa _____

Signature _____

Observations

_____

_____

_____

_____