

# VISA APPLICATION

(APPLICATION FOR UKRAINE CLEARANCE)

Please, complete - print or write in printing letters - the form

cross the boxes where applicable

Submit with this form:

- current passport
- two photographs
- the consular fee receipt

<p>1. SURNAME (as written in your passport)  <input style="width: 100%; height: 20px;" type="text"/></p> <p>2. FULL NAME (as written in your passport)  <input style="width: 100%; height: 20px;" type="text"/></p> <p>3. OTHER NAMES OR SURNAMES USED IN THE PAST  <input style="width: 100%; height: 20px;" type="text"/></p> <p>4. DATE OF BIRTH  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             day  <input style="width: 20px; height: 15px;" type="text"/> </div> <div style="text-align: center;">             month  <input style="width: 20px; height: 15px;" type="text"/> </div> <div style="text-align: center;">             year  <input style="width: 20px; height: 15px;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center; width: 45%;">country <input style="width: 100%; height: 20px;" type="text"/></div> <div style="text-align: center; width: 45%;">town <input style="width: 100%; height: 20px;" type="text"/></div> </div> <p>5. SEX  <div style="display: flex; align-items: center; margin-left: 20px;"> <span>female</span> <input style="width: 15px; height: 15px;" type="checkbox"/> <span style="margin-left: 20px;">male</span> <input style="width: 15px; height: 15px;" type="checkbox"/> </div> </p> <p>6. NATIONALITY  <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <span>present</span> <span>former (if any)</span> </div> <input style="width: 100%; height: 20px;" type="text"/> </p> <p>7. PERSONAL NUMBER (SOFI-NUMBER)  <input style="width: 100%; height: 20px;" type="text"/> </p> <p>8. ADDRESS OF PERMANENT RESIDENCE (country, postal code, town, street, building No., apt. No.)  <input style="width: 100%; height: 60px;" type="text"/> </p> <p>9. PASSPORT DETAILS  <div style="margin-left: 20px;">             type  <input style="width: 100%; height: 20px;" type="text"/> </div> <div style="margin-left: 20px; margin-top: 5px;">             number  <input style="width: 100%; height: 20px;" type="text"/> </div> <div style="margin-left: 20px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="text-align: center;">                     date of issue                      day      month      year                 </div> <div style="text-align: center;">                     valid until                      day      month      year                 </div> </div> <input style="width: 100%; height: 20px;" type="text"/> </div> <div style="margin-left: 20px; margin-top: 5px;">             issuing authority  <input style="width: 100%; height: 40px;" type="text"/> </div> </p></p>	<div style="border: 1px solid black; width: 100%; height: 100px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;"> <p>PHOTOGRAPH 35 X 45 MM</p> </div> <p><b>FOR OFFICE USE ONLY</b></p> <p><b>A</b>      ①      ②</p> <p><b>Б</b>      <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>В</b>      <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>Г</b>      <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>Д</b>      ①      ②      ③</p> <p><b>Е</b></p> <p><b>Є</b>      <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>Ж</b>      <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>З</b>      <input style="width: 100%; height: 20px;" type="text"/></p> <p><b>И</b>      <input style="width: 100%; height: 20px;" type="text"/></p>
---	--

10. MARITAL STATUS

single		married		divorced		widowed	
yes	no	yes	no	yes	no	yes	no
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. DID YOU SUFFER FROM ANY INFECTIOUS DISEASE DANGEROUS FOR PUBLIC HEALTH?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

12. HAVE YOU EVER BEEN CHARGED OF ANY CRIMINAL OFFENCES ANYWHERE?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

13. HAVE YOU EVER BEEN LIMITED OR PROHIBITED FROM AN ENTRY TO UKRAINE?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

IF "YES", PLEASE SPECIFY WHERE

----------

14. HAVE YOU EVER BEEN DEPORTED OR REMOVED FROM UKRAINE?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

15. PURPOSE OF YOUR JOURNEY?

----------

16. DURATION OF YOUR STAY IN UKRAINE

number of days	months
<input type="text"/>	<input type="text"/>

17. DATE OF PROPOSED ENTRY TO UKRAINE

day	month	year
<input type="text"/>	<input type="text"/>	<input type="text"/>

18. POINT OF ENTRY IN UKRAINE

----------

19. MEANS OF TRANSPORT FOR ENTRY UKRAINE

----------

20. NAME AND ADDRESS OF ORGANIZATION WHICH INVITES

----------

NAME AND ADDRESS OF PRIVATE PERSON WHO INVITES

----------

21. CITIES IN UKRAINE YOU INTEND TO VISIT

--

22. ADDRESS OF TEMPORARY RESIDENCE IN UKRAINE

--

23. IN CASE OF NEED WHO WILL GIVE YOU FINANCIAL SUPPORT

--

24. CHILDREN UNDER 16 YEARS INCLUDED ON YOUR PASSPORT AND WHO WILL TRAVEL WITH YOU TO UKRAINE

surname	name	place of birth	date of birth			nationality
			day	month	year	

25. IF YOU HAVE BEEN TO UKRAINE, INDICATE THE DATE OF THE LAST VISIT

day	month	year

26. VISA REQUESTED FOR:

single entry <input type="checkbox"/>	double entry <input type="checkbox"/>	multiple entry <input type="checkbox"/>
---------------------------------------	---------------------------------------	---

**THIS PART IS TO BE COMPLETED IN CASE OF TRANSIT THROUGH THE TERRITORY OF UKRAINE**

27. COUNTRY OF DESTINATION

28. MEANS OF TRANSPORT TO THE POINT OF DEPARTURE FROM UKRAINE

29. DO YOU HAVE AN ENTRY CLEARANCE FOR THE DESTINATION?

yes  no

30. PLACE OF PROPOSED DEPARTURE FROM UKRAINE TO THE DESTINATION

31. DATE OF PROPOSED DEPARTURE FROM UKRAINE

day month year

---

32. ADDITIONAL INFORMATION

---

*I do hereby confirm that I have read and understood everything sated above.  
I declare that the information given by me in this application to the best of my knowledge is true.  
I am aware that untruthful data present by me in this application may serve as a reason to refuse  
the issue of Ukraine's entry visa and to refuse me to enter Ukraine even in the case the entry visa  
has been issues. I also know that in case I refused me to enter Ukraine I am not entitled for any  
refund of expenses incurred by me.*

PLACE OF SUBMISSION

DATE OF SUBMISSION

day month year

APPLICANT'S SIGNATURE