

Instructions For Applications

Once you have downloaded the PDF form, save it your computer. Fill out the PDF form on your computer, save it, print it out.

If filling out the form on your pc is any problem, just print it out, complete the form by hand.

Send the filled out application to:

Travel and Visa 925B Peachtree Street, # 344 Atlanta, GA 30309

Decide what return shipping you want: Return Shipping(Per Person) Return shipping method:

FedEx 2nd day delivery \$23 FedEx Standard Overnight \$27 FedEx Priority Overnight \$30 FedEx Saturday delivery \$45 FedEx First Overnight \$65 Prepaid self-addressed mailer \$0

With sending the complete filled out application, Please send:

Your Passport, with at least 6 months validity left, 2 blank pages available, 1 passport size picture, Payment (include your check or money order) if paying with a credit card please fill out the below credit card authorization form. Total cost of the Visa = Consular Fee + our Services Fee + Shipping Fee

Please keep in mind, that the processing time is calculated from the next business day following the receipt of your documents.

All Visa Processing is in business day(s), the shipping doesn't count towards your Visa Processing time, please keep this in mind and plan accordingly.

If you have any questions, comments, concerns, please contact us on: Phone: 404-452-7288 Fax:404-551-5279 E-mail:info@travelandvisa.com



CREDIT CARDHOLDER'S AUTHORIZATION FORM

In lieu of my credit card imprint	l (name of card holder	shown on credit card) I,
hereby authorize Travel and Vis DISCOVER	a & its agents to charge	e my: AMEX VISA MASTERCARD
#	Exp. d. (mm/yy)	in the amount of \$
Traveler 1:	Date	of birth (mm/dd/yy)
For the following Services (PLEA	SE SPECIFY):	
My billing address:		
My mailing address (if differs fr	om billing):	
		E-Mail:
By signing below, I acknowledge payments in accordance with sta	-	ein. Payment in full to be made when billed or in extend uer.

<u>Change and/or Cancellation Policy</u>: **Visa& Visa Support** fees are non-refundable. In case mistake is made on our part in dates/names, please notify us within 12 hours after receipt of your visa for necessary corrections to be made. If your trip has been postponed or dates are changed, some consulates permit visa correction for a fee. Please contact us for details.

_____ Date: _____ (Signature of cardholder)



VISA APPLICATION

IMPORTANT! Please type or print using ballpoint

I declare that data supplied by me is correct and complete. I am aware	
to the annulment of a visa already granted and may also render me liab	
of the Russian Federation upon the expiry of the visa, if granted. I und	lerstand that possession of a visa does not entitle its bearer to enter
Russia. I will not seek compensation if I am refused to enter Russia.	
** - not to be filled by holders of diplomatic and official passports	
1. Nationality(If you formerly had USSR or Russian citizenship, please indicate when and why you lost it)	6. Purpose of visit
	7. Category and type of visa
2. Last name(as in passport)	8. Number of entries
	Single entry Double entry Multiple entry
3. First and middle names (as in passport)	9. Date of entry in Russia 10. Date of departure from Russia
5. First and middle names (as inpassport)	3. Date of entry in Russia 10. Date of departure nom Russia
4. Date of birth 5. Sex M F	(dd/mm/yy) (dd/mm/yy)
11. Passport No	
	Date of issue (dd/mm/yy)
Issued by	Valid until (dd/mm/yy)
12. Type of passport diplomatic official	tourist
other please specify	
13. Russian institution or organization to be visited? (for tourists – name and reference	e number of the host tourist company. for businessmen – name of the host organization and town, for private
persons - last name, first name, middle names and home address of the host)	
14. Itine rary (places of visit)	
**15. Do you have a medical insurance valid in Russia?	
yes Please specify?	
16. Who will pay for your trip to and stay in Russia?	
17. Marital status married single (never	married) divorced separated widowed
17. Marital status married single (never	
17. Marital status married single (never 18. Spouse's full name (if divorced or separated, please indicate maiden name if applicable)	19. Spouse's date of birth
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List all educational i	nstitutions you ever attende	official passports d, except high schools
1. Name	-	Address and phone number
Course of study		
2. Name		Address and phone number
z. Name		
Course of study		Dates of admission and graduation
	I, civil and charity organizat perate / cooperated with	tions which you are / **30. Do you have any specialized skills, training or experien related to fire-arms and explosives or to nuclear matters, biological chemical substance? If yes, please specify
		es, indicate the country, branch of service, rank, military occupation and dates of service
		ts, either as a member of the military service or a victim? If yes, please specify
-		
		O GIVE ANSWERS TO THE FOLLOWING QUESTIONS
A visa m	nay be refused to persons wh	ho are within specific categories defined by the law as inadmissible to Russia.
	rrested or convicted for any	
yes When?	? (dd/mm/yy)	Where? no no
		le disease of public health significance or a dangerous physical or mental _{yes} no
	ver been a drug abuser or a a	addict?
	efused a Russian visa?	Where?
yes vvnen?	? (dd/mm/yy)	Where?
Has your Russian visa	a ever been canceled?	
yes When?		Where?
Have you ever tried to information?	o obtain or assisted others	to obtain a Russian visa or enter Russia by providing misleading or false
	n l n n	
Have you ever oversta	ayed your Russian visa or st	ayed unlawfully in Russia? yes no
		- L
-	eported from Russia?	- L
yes When?	? (dd/mm/yy)iiii	Where?
yes When?	? (dd/mm/yy)iiii	
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