

285 Centennial Olympic Park Drive NW Unit 1207 Atlanta, GA 30313

> Phone:404-452-7288 Fax: 404-551-5279 E-mail:info@travelandvisa.com

INSTRUCTIONS FOR APPLICATIONS

Once you have downloaded the PDF form, save it on your computer. Fill out the PDF form on your computer, save the file, print it out and send it with your paperwork, or email or fax it to us.

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

Send completed application to:

Travel and Visa
285 Centennial Olympic Park Drive NW Unit 1207
Atlanta, GA 30313

Please choose return sh	nipping method: Return Shipping (Per Person)
Return shipping metho	od:
	FedEx 2nd day delivery \$24
	FedEx Standard Overnight \$28
	FedEx Priority Overnight \$33
	FedEx Saturday delivery \$46
	FedEx First Overnight \$67
	Prepaid self-addressed mailer (please no USPS, we can only accept FedEx or UPS prepaid labels), \$7
Along with completed	application, please send the following:
	Your Passport, (must be signed, have at least 2 blank designated visa pages, and valid for at least 6 months after the date your visa will expire)
	1 passport size picture,
	a copy of flight itinerary and proof of hotel booking or a copy of a private invitation with the host's ID or passport scan.
	Payment (include your check or money order). If paying with a credit card please fill out the credit card payment authorization form below. any additional paperwork listed in the requirements for visa of your choice
	Total cost = Visa Fee + Shipping Fee

Please keep in mind that processing time is calculated from the next business day following the receipt of your documents. All Visa Processing is in business days, the shipping doesn't count towards your Visa Processing time. Please plan accordingly.

If you have any questions, comments, concerns, please contact us:

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CREDIT CARDHOLDER'S AUTHORIZATION FORM

In lieu of my credit card imprint I (name of card hold	der shown on credit card)	
I,		
hereby authorize Travel and Visa & its agents to ch	arge my:	
□AMEX □VISA □MASTERCARD □DISCO	VER	
Card #:	Exp. (mm/yy)	in the amount of \$
Traveler 1:	date of birth (mm/dd/yy)	
For the following Services (PLEASE SPECIFY):		
My billing address:		
City:	State:	Zip:
My mailing address (if differs from billing):		
City:	State:	Zip:
Phone:	FAX:	
E-Mail:		
By signing below, I acknowledge charges described herein. Pawith standard policy of card issuer.	ayment in full to be made when b	illed or in extended payments in accordance
Change and/or Cancellation Policy: Visa& Visa Support fees a please notify us within 12 hours after receipt of your visa for ne are changed, some consulates permit visa correction for a fee	ecessary corrections to be made.	
Please contact us for details.		
		Date:

(Signature of cardholder)



I declare that data supplied by me is correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under Russian law. I undertake to leave the territory of the Russian Federation upon the expiry of the visa, if granted. I understand that possession of a visa does not entitle its bearer to enter Russia. I will not seek companies tion if Lam refused to enter Russia.

or the Russian Federation upon the expiry of the visa, if granted. I und	erstand 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	
Nationality(If you formerly had USSR or Russian citizenship, please indicate when and why you lost it)	6. Purpose of visit
1. Nationality (if you formeny had ossik or Russian didzenship, please indicate when and why you lost it)	
	7. Category and type of visa
2. Last name(as in passport)	8. Number of entries
2. Last Hame (as in passport)	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
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
ather District Official Control of the Control of t	
other please specify	
13. Russian institution or organization to be visited? (for burists – name and reference	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. Itinerary(places of visit)	<u></u>
**15. Do you have a medical insurance valid in Russia?	
yes Please specify?	no
16. Who will pay for your trip to and stay in Russia?	
47 Marital status married aingle (naver	married) [] diversed [] constant [] widewed []
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)	married) divorced separated widowed 19. Spouse's date of birth
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** - not to be filled by holders of diplomatic and of	ficial passports				
**28. List all educational institutions you ever attended, e	except high schools				
1. Name	Address and phone number				
	•				
Course of study	Dates of admission and graduation(mm/yy)(mm/yy)				
2. Name	Address and phone number				
Course of study	Dates of admission and graduation(mm/yy)(mm/yy)				
**29. List all professional, civil and charity organizations which you are / were a member of or cooperate / cooperated with **30. Do you have any specialized skills, training or experience related to fire-arms and explosives or to nuclear matters, biological or chemical substance? If yes, please specify					
**31. Have you ever performed a military service? If yes,	indicate the country, branch of service, rank, military occupation and dates of service				
**32. Have you ever been involved in an armed conflicts,	either as a member of the military service or a victim? If yes, please specify				
33. IMPORTANT! EACH APPLICANT MUST READ AND G					
A visa may be refused to persons who Have you ever been arrested or convicted for any off	are within specific categories defined by the law as inadmissible to Russia.				
yes When? (dd/mm/yy)					
Have very every been efflicted with a communicable	Where? no				
disorder? Have you ever been a drug abuser or a add					
Have you ever been refused a Russian visa?	. Where? no				
yes When? (dd/mm/yy)	Where?				
yes When? (dd/mm/yy)	Where?				
yes Whell (duminiyy)	Miles Burker to Burker to the second				
information?	obtain a Russian visa or enter Russia by providing misleading or false yes no				
Have you ever overstayed your Russian visa or staye	ed unlawfully in Russia? yes no				
Have you ever been deported from Russia?	N and the second				
yes When? (dd/mm/yy) i i i i i					
	ally signify ineligibility for a visa. In this case you may be required to personally				
	appear before a consular officer.				
34. Name, address and phone number of a person or hot					
35. Has this application been completed personally by you? If no, indicate the person completing this application in item 36 yes no					
36. Application completed: Surname, first name					
Relationship to	Applicant's				
applicant address address					
	37. Other names ever used (maiden name, pen-name, holy orders, et)				
	20 Variance and address above and for number 5 mail				
	38. Your permanent address, phone and fax number, E-mail				
Place for photograph					
Place for photograph	 				
	39. Place of birth (If born in Russia, please indicate when and what country you emigrated to)				
	40. Place of work or study, present position (name, address, phone and fax numbers, E-mail)				
I agree to my personal data on this application					
form being processed and communicated to the					
appropriate Russian authorities for the issue of a					
visa.	41. Are any of your relatives staying in Russia now?				
Date (dd/mm/yy), applicant's signature	(full name, relation degree, date of birth, permanent address)				
	<u> </u>				