

VISA APPLICATION

(APPLICATION FOR UKRAINE ENTRY CLEARANCE)

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

check boxes where applicable

Submit with this form:

- current passport
- one photograph
- the consular fee receipt

1. SURNAME (as written in your passport)

2. FULL NAME (as written in your passport)

3. OTHER NAMES OR SURNAMES USED IN THE PAST

4. DATE OF BIRTH

day month year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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country

town

5. SEX

female

male

6. NATIONALITY

present

former (if any)

7. SOCIAL SECURITY NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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8. ADDRESS OF PERMANENT RESIDENCE (country, postal code, town, street, building #, apt # and phone #).

9. PASSPORT DETAILS

type

number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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date of issue

valid until

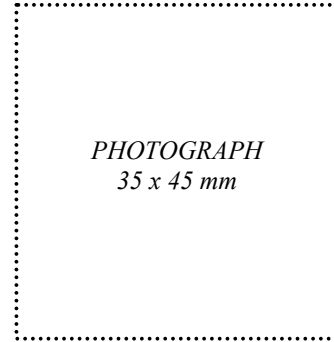
day month year

day month year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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issuing authority



FOR OFFICE USE ONLY

A

B

C

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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E

F

G

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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H

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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J

10. MARITAL STATUS

single

married

divorced

widowed

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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11. DID YOU SUFFER FROM ANY INFECTIOUS DISEASE DANGEROUS FOR PUBLIC HEALTH?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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12. HAVE YOU EVER BEEN CHARGED WITH ANY CRIMINAL OFFENCES ANYWHERE

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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13. HAVE YOU EVER BEEN LIMITED OR PROHIBITED FROM AN ENTRY TO UKRAINE

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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“YES”, PLEASE SPECIFY WHERE

14. HAVE YOU EVER BEEN DEPORTED OR REMOVED FROM UKRAINE

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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15. PURPOSE OF YOUR JOURNEY

16. DURATION OF STAY IN UKRAINE

number of days month

<input type="text"/>	<input type="text"/>
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17. DATE OF PROPOSED ENTRY TO UKRAINE

day month year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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18. POINT OF ENTRY TO UKRAINE

19. MEANS OF TRANSPORT FOR ENTRY TO UKRAINE

20. SPONSOR / HOST IN UKRAINE (NAME AND ADDRESS)

21. CITIES IN UKRAINE YOU INTEND TO VISIT

22. ADDRESS OF TEMPORARY RESIDENCE IN UKRAINE

23. IN CASE OF EMERGENCY WHO WILL PROVIDE YOU WITH 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 LAST VISIT

day	month	year

26. VISA REQUESTED FOR:

single entry <input type="checkbox"/>	double entry <input type="checkbox"/>	multiple entry <input type="checkbox"/>
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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	<input type="checkbox"/>	no	<input type="checkbox"/>
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30. PLACE OF PROPOSED DEPARTURE FROM UKRAINE TO THE DESTINATION

31. DATE OF PROPOSED DEPARTURE FROM UKRAINE

day month year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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32. ADDITIONAL INFORMATION

I do hereby confirm that I have read and understood everything stated 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 presented 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 issued.

I also know that in the case I am refused to enter Ukraine I am not entitled for any refund of expenses by me.

PLACE OF SUBMISSION

Consulate General of Ukraine in New York

DATE OF SUBMISSION

day month year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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APPLICANT'S SIGNATURE