

TO: Generations Visa Service	FROM: _____
Phone: (202) 337-7080	Phone: _____
Fax: (202) 337-3447	Fax: _____
E-mail: info@genvisa.com	Company: _____

APPLICATION FORM FOR BUSINESS RUSSIAN VISA SUPPORT
PLEASE INCLUDE CLEAR SCAN OF A PHOTOCOPY OF THE PASSPORT and PREVIOUSLY ISSUED RUSSIAN VISAS WITH YOUR REQUEST!

ATTENTION! Please type or print using ballpoint pen. Incorrect or incomplete information may cause denial of visa
BUSINESS VISA SUPPORT

ENTRIES	DURATION		PROCESSING PERIOD	
Multiple	<input type="checkbox"/> 36 months			
Multiple	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> 21 w.days	<input type="checkbox"/> 15 w.days

1. Family name:							
First Name:		Sex:		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Citizenship:		Date of Birth:					
Country of birth:		City of Birth:					
Passport No:		Issued:		Expires:			
Place of permanent residence:		Country		Region**			
2. Russian Embassy (Consulate) where the Visa will be Picked up:							
Country:		City:					
3. Date of visit to Russia:		From:		To:		No of Days:	
4. Purpose of visit to Russia		BUSINESS					
5. Cities to be Visited in Russia							
Supposed place of stay IN RUSSIA***		City:		Street:			
Number		Room:		Telephone:			
6. Place of Work OUTSIDE RUSSIA							
Full Name of the Company							
Position							
Address of the Company		Country:		City:			
Postal Code:		Street:		Number:		Room:	
Telephone:		Fax:					
7. Place of Residence in the US		Street:					
City:		State:		Zip Code:			
Telephone:		Email Address:					

** The unit of administrative/territorial structure of the country of permanent residence
*** Supposed place of stay in Russia is a desirable, not an obligatory field

Type of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Check
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