



**ҚАЗАҚСТАН РЕСПУБЛИКАСЫ**  
**ВИЗАЛЫҚ АНКЕТА**  
**REPUBLIC OF KAZAKHSTAN**  
**VISA APPLICATION FORM**

PLEASE,  
affix your photo  
HERE

PLEASE COMPLETE IN CAPITAL LETTERS. APPLICATION WILL NOT BE PROCESSED IN CASE OF ERROR OR OMISSION

1. SURNAME		2. SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
3. FIRST NAME AND MIDDLE NAME		4. NATIONALITY	
5. DATE AND PLACE OF BIRTH		6. PERMANENT RESIDENCE	HOME TEL. NO
7. JOB TITLE		8. COMPANY NAME	BUSINESS TEL. NO
9. TYPE OF PASSPORT (regular, service, diplomatic)	10. PASSPORT NUMBER	11. DATE OF ISSUE	12. DATE OF EXPIRY
13. TRIP PURPOSE		14. INVITING PARTY, ITS ADDRESS  TELEPHONE NO	
15. PLACES TO BE VISITED		16. TERM OF THE REQUESTED VISA from : " ___ " _____ 200__ to : " ___ " _____ 200__	
17. NUMBER OF ENTRIES (please, tick the appropriate box) ONE <input type="checkbox"/> DOUBLE <input type="checkbox"/> TRIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/>			
18. CHILDREN Note: This section to be filled out ONLY in the case if the children travelling with you are put in your passport			
	SURNAME	GIVEN NAMES	DATE OF BIRTH
1.			
2.			
3.			
DATE _____		SIGNATURE _____	
Consulate of the Republic of Kazakhstan in New York 866 UN Plaza, Suite 586 A (1 Avenue & 48 Street), tel. (212) 888-3024, fax (212) 888-3025 e-mail: kzconsulny@un.int    http://www.kazconsulny.org			
<b>DO NOT WRITE BELOW!</b>			
ЕСКЕРТУ / ПРИМЕЧАНИЯ _____			
ҚЫЗМЕТТІК БЕЛГІЛЕР		СЛУЖЕБНЫЕ ОТМЕТКИ	
Виза берудің негізі: Основание выдачи визы	Виза берілген күн: Дата выдачи визы	Визаның сериясы мен нөмірі: Серия и номер визы	Категориясы: категория
Визаның түрі: Вид визы	Визаның мәртесі: Кратность визы	Мерзімі: " ___ " _____ бастап " ___ " _____ дейін Сроки с _____ по _____	
Квитанцияның нөмірі: Номер квитанции		Жинақ сомасы: Сумма сбора	
Виза берушінің тегі және лауазымы: Фамилия и должность выдавшего визу			

Please note, Registration should be made within 72 hours from the time of arrival at the Emigration Dpt. (OVIR) via your INVITING PARTY