

DOCUMENT PREPARATION SERVICE - RUSSIA

Account Code:50000

CIBTvisas provides an optional service to assist travelers with the Russia visa application: our secure Document Preparation Service. The fee for this optional service is \$80.00 and is in addition to the applicable consular and processing fees. It's easy:

1. Type or clearly write answers to all fields and include your Russian invite information on the optional Russia Document Preparation Service request. If unable to provide your invite information, CIBTvisas can assist. Then save the file to your computer.
2. Scan a copy of your passport information page.
3. Submit the saved files (this form and your passport information page) to us by uploading them securely at <https://cibtvisas.com/upload-forms?service=docprep>. We'll complete the visa application on your behalf in 24 hours or fewer, excluding Saturday or Sunday and contact you if any information is missing or incomplete.
4. We'll send you the completed official Russia visa application via encrypted email with instructions on how to decrypt the file.
5. Print, inspect and sign the completed official Russia visa application and send it to us with the rest of your application materials to the office address listed on your visa application checklist.

Questions about this service can be answered by CIBTvisas Customer Care at 800-406-1523. Do not send the other application materials until you have printed, inspected and signed your official Russia visa application form from CIBTvisas. This is not the official visa application. It is an optional service.

VISA DETAILS

| | | | |
|--|---------------------------|------------|--|
| NATIONALITY | | | ARE YOU A FORMER CITIZEN OF USSR OR RUSSIA? |
| <input type="text"/> | | | <input type="radio"/> Yes <input type="radio"/> No |
| WHEN AND WHY DID YOU LOSE YOUR CITIZENSHIP? | PURPOSE OF VISIT | | |
| <input type="text"/> | <input type="text"/> | | |
| NUMBER OF ENTRIES | DATE OF ENTRY INTO RUSSIA | dd/mm/yyyy | DATE OF EXIT FROM RUSSIA |
| <input type="radio"/> Single <input type="radio"/> Double <input type="radio"/> Multiple | <input type="text"/> | | <input type="text"/> |
| VISA PROCESSING OPTION (EXPEDITED PROCESSING MAY NOT BE AVAILABLE IN ALL STATES) | | | |
| <input type="radio"/> Standard <input type="radio"/> Expedited | | | |

PERSONAL INFORMATION

| | | | |
|---|---|-------------------------|---|
| LAST NAME | Exactly as it appears on your passport | FIRST, MIDDLE NAME | Exactly how it appears on your passport |
| <input type="text"/> | | <input type="text"/> | |
| PREVIOUS NAME(S), INCLUDING MAIDEN, RELIGIOUS, ETC: | DATE OF BIRTH | as shown in passport | PLACE OF BIRTH |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| BORN IN RUSSIA? | Specify when (mm/dd/yyyy) and to which country you emigrated to | | GENDER |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | | <input type="radio"/> Male <input type="radio"/> Female |
| MARITAL STATUS | | | |
| <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed | | | |
| If married, separated or divorced, please complete the following: | | | |
| SPOUSE'S FULL NAME | | | |
| <input type="text"/> | | | |
| SPOUSE'S DATE OF BIRTH | dd/mm/yyyy | SPOUSE'S PLACE OF BIRTH | |
| <input type="text"/> | | <input type="text"/> | |
| IS YOUR MEDICAL INSURANCE VALID IN RUSSIA? | List the name of the insurance company and policy number below | | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> | | |

PASSPORT DETAILS

| | | | | | | |
|----------------------|----------------------|----------------------|------------|----------------------|------------|----------------------|
| PASSPORT NUMBER | as shown in passport | DATE OF ISSUE | dd/mm/yyyy | DATE OF EXPIRY | dd/mm/yyyy | ISSUE COUNTRY |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> |

TRAVEL PLANS

| | | |
|--|-------------------------------|-------------------------------|
| WHICH CONSULATE WILL RECEIVE YOUR INVITATION | INVITATION # (TELEX OR PAPER) | NAME OF INVITING ORGANIZATION |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ADDRESS OF INVITING ORGANIZATION | | |
| <input type="text"/> | | |

CITIES YOU PLAN TO VISIT IN RUSSIA

HOTEL INFORMATION FOR EACH CITY

WHO WILL PAY FOR YOUR TRIP?

If company, indicate name of organization. If other individual, include full name and date of birth (mm/dd/yyyy)

ADDITIONAL INFORMATION

HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR ANY OFFENSE?

No Yes (specify when and where)

HAVE YOU EVER BEEN AFFLICTED WITH A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE OR A DANGEROUS PHYSICAL OR MENTAL DISORDER? HAVE YOU EVER BEEN A DRUG ABUSER OR AN ADDICT?

No Yes (please give details)

HAVE YOU EVER BEEN DENIED A RUSSIAN VISA?

No Yes (specify when and where)

HAS YOUR RUSSIAN VISA EVER BEEN CANCELED?

No Yes (specify when and where)

HAVE YOU EVER TRIED TO OBTAIN OR ASSISTED OTHERS TO OBTAIN A RUSSIAN VISA OR ENTER RUSSIA BY PROVIDING MISLEADING OR FALSE INFORMATION ?

No Yes (specify when and where)

HAVE YOU EVER OVERSTAYED YOUR RUSSIAN VISA OR STAYED UNLAWFULLY IN RUSSIA?

No Yes (provide details)

HAVE YOU EVER BEEN DEPORTED FROM RUSSIA?

No Yes (specify when and where)

DO YOU HAVE ANY SPECIALIZED SKILLS, TRAINING OR EXPERIENCE RELATED TO FIRE-ARMS, EXPLOSIVES, NUCLEAR MATTERS, BIOLOGICAL OR CHEMICAL SUBSTANCES?

No Yes (please give details)

HAVE YOU EVER PERFORMED A MILITARY SERVICE?

No Yes (list the country you served, the branch of service, rank, occupation, entry and exit dates of service when and where)

LIST ALL PROFESSIONAL, CIVIL & CHARITY ORGANIZATION WHICH YOU ARE/WERE A MEMBER OF/COOPERATE WITH

No Yes (provide details)

HAVE YOU EVER BEEN INVOLVED IN ARMED CONFLICTS, EITHER AS A MEMBER OF MILITARY SERVICE OR AS A VICTIM?

No Yes (state the conflict name, country name, and conflict dates)

EDUCATION HISTORY

List the two most recent educational institutions you have attended

| | | | | |
|---|-------------------|---------|--------------------|---------|
| NAME OF FIRST INSTITUTION | COURSE OF STUDY | | | |
| | | | | |
| INSTITUTION STREET ADDRESS, CITY, STATE, ZIP CODE | | | | |
| | | | | |
| PHONE NUMBER | DATE OF ADMISSION | mm/yyyy | DATE OF GRADUATION | mm/yyyy |
| | | | | |

| | | | | |
|---|-------------------|------------|--------------------|------------|
| NAME OF SECOND INSTITUTION | COURSE OF STUDY | | | |
| | | | | |
| INSTITUTION STREET ADDRESS, CITY, STATE, ZIP CODE | | | | |
| | | | | |
| PHONE NUMBER | DATE OF ADMISSION | mm/dd/yyyy | DATE OF GRADUATION | mm/dd/yyyy |
| | | | | |

EMPLOYMENT HISTORY

| | | | | |
|---|----------------|-----------------|---------------------|------------|
| COMPANY NAME | POSITION/TITLE | SUPERVISOR NAME | | |
| | | | | |
| COMPANY STREET ADDRESS, CITY, STATE, ZIP CODE | | | | |
| | | | | |
| PHONE NUMBER | DATE OF HIRE | mm/dd/yyyy | DATE OF TERMINATION | mm/dd/yyyy |
| | | | | |

EMPLOYMENT HISTORY, CONT.

| | | |
|---|----------------------|----------------------|
| COMPANY NAME | POSITION/TITLE | SUPERVISOR NAME |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| COMPANY STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| <input type="text"/> | | |
| PHONE NUMBER | DATE OF HIRE | DATE OF TERMINATION |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

TRAVEL HISTORY

HAVE YOU EVER BEEN ISSUED A RUSSIAN VISA?

No Yes

Details

Specify when and where

HAS YOUR PASSPORT EVER BEEN LOST OR STOLEN?

No Yes

LIST ALL THE COUNTRIES WHICH HAVE EVER ISSUED YOU A PASSPORT.

LIST ALL THE COUNTRIES YOU HAVE VISITED IN THE LAST 10 YEARS (INCLUDING PURPOSE OF VISIT), AND INDICATE THE EXACT DATE OF THE VISIT (COUNTRY & DD/MM/YYYY)
(Please note that the date, month and year must be stated or the online form fill can't be completed. This will cause a delay to your process). If you have more please list on a separate piece of paper

FAMILY DETAILS

FAMILY DETAILS

YOUR FATHER'S FULL NAME

YOUR MOTHER'S FULL NAME

RELATIVES

DO YOU CURRENTLY HAVE RELATIVES IN RUSSIA?

No Yes (please provide the following details)

FIRST RELATIVE FULL NAME

RELATIONSHIP TO YOU

DATE OF BIRTH

ADDRESS IN RUSSIA

SECOND RELATIVE FULL NAME

RELATIONSHIP TO YOU

DATE OF BIRTH

ADDRESS IN RUSSIA

CONTACT INFORMATION

YOUR PERMANENT ADDRESS

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

CURRENT EMPLOYMENT INFORMATION

COMPANY NAME

POSITION/TITLE

SUPERVISOR NAME

COMPANY STREET ADDRESS, CITY, STATE, ZIP CODE

PHONE NUMBER

DATE OF HIRE

mm/dd/yyyy

DATE OF TERMINATION

mm/dd/yyyy

PAYMENT METHOD

NAME ON CARD

CARD TYPE

(Visa, MasterCard, Etc.)

CARD NUMBER

EXPIRATION DATE

(mm/yyyy)

MATERIALS TO ARRIVE AT CIBTVISAS BY:

(mm/dd/yyyy)

SIGNATURE

Have you completed all the questions? Incomplete visa questionnaires cannot be processed and will be returned for additional information. This could delay the processing of your request.

