Account Code:73103

DOCUMENT PREPARATION SERVICE - RUSSIA

VisaCentral 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, VisaCentral 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://visacentral.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 VisaCentral Customer Care at 877-971-5311. Do not send the other application materials until you have printed, inspected and signed your official Russia visa application form from VisaCentral. This is not the official visa application. It is an optional service.

| VISA DETAILS | | | | |
|--|--|-----------------------------------|-------------------------------------|-------------------------------|
| NATIONALITY | | | OU A FORMER CITIZEN OF USSR OR RUS | SSIA? |
| | | C Y | /es No | |
| WHEN AND WHY DID YOU LOSE YOUR CITIZENSHIP? | | PURPOSE OF VISIT | | |
| | | | | |
| NUMBER OF ENTRIES Single Double Multiple | DATE OF ENTRY INTO RUSSIA | dd/mm/yyyy | DATE OF EXIT FROM RUSSIA | dd/mm/yyy |
| VISA PROCESSING OPTION (EXPEDITED PROCESSING MAY NOT B Standard Expedited | E AVAILABLE IN ALL STATES) | | | |
| PERSONAL INFORMATION | | | | |
| LAST NAME E | exactly as it appears on your passport | FIRST, MIDDLE NAME | Exactly ho | w it appears on your passport |
| | | | | |
| PREVIOUS NAME(S), INCLUDING MAIDEN, RELIGIOUS, ETC: | DATE OF BIRTH | as shown in passport | PLACE OF BIRTH | as shown in passport |
| BORN IN RUSSIA? Yes No | Specify when (mm/dd/yyyy) and | to which country you emigrated to | GENDER Male Female | |
| MARITAL STATUS Married Single Separated Divorced If married, separated or divorced, please complete the following: | Midowed | | | |
| SPOUSE'S FULL NAME | | | | |
| SPOUSE'S DATE OF BIRTH | dd/mm/yyyy | SPOUSE'S PLACE OF BIRTH | | |
| | 3333 | | | |
| IS YOUR MEDICAL INSURANCE VALID IN RUSSIA? | | | List the name of the insurance comp | pany and policy number below |
| C Yes C No | | | | |
| PASSPORT DETAILS | | | | |
| PASSPORT NUMBER as shown in passport DATE OF ISS | UE dd/mm/yyyy | DATE OF EXPIRY | dd/mm/yyyy ISSUE COUNTRY | |
| | | | | |
| TRAVEL PLANS WHICH CONSULATE WILL RECIEVE YOUR INVITATION ADDRESS OF INVITING ORGANIZATION | INVITATION # (TELEX OR PAPE | R) | NAME OF INVITING ORGANIZATION | |
| | | | | |

| 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, incudate 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) |
| No Tes (specify with and where) |
| |
| |
| HAS YOUR RUSSIAN VISA EVER BEEN CANCELED? |
| No Pos (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 Ves (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 No Yes (provide details) | 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 No Yes (state the conflict name, country name, and cor | | E OR AS A VICTIM? | | | |
| | | | | | |
| EDUCATION HISTORY | | | | | |
| EDUCATION HISTORY List the two most recent educational institutions you have attended | | | | | |
| NAME OF FIRST INSTITUTION | | COURSE OF STUDY | | | |
| | | | | | |
| INSTITUATION 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 | | | |
| INSTITUATION 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 | |
| | | | | |
| COMPANY STREET ADDRESS, CITY, STATE, ZIP CODE | | | | |
| | | | | |
| | | | | |
| PHONE NUMBER | DATE OF HIRE | mm/dd/yyyy | DATE OF TERMINATION | mm/dd/yyyy |
| | | | | |
| | | | | |
| 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 C Yes | | | | |
| LIST ALL THE COUNTRIES WHICH HAVE EVER ISSUED YOU A PASSPO | RT. | | | |
| | | | | |
| LIST ALL THE COUNTRIES YOU HAVE VISITED IN THE LAST 10 YEARS (Please note that the date, month and year must be stated or the onlir | (INCLUDING PURPOSE OF VISIT) | , AND INDICATE THE EXACT DATE | OF THE VISIT (COUNTRY | & DD/MM/YYYY) |
| (nase nate that the date, ment and year mast 20 stated of the orini | To rome military so completed. This | - viii dadoo a dolay to your process | ,, ii you navo moro pioaso | not on a soparate prose of paper |
| | | | | |
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| | | | | |
| FAMILY DETAILS | | | | |
| | | | | |
| FAMILY DETAILS | | VOLID MOTUEDIO ELILI MANE | | |
| 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 | | dd/mm/yyyy |
| | | | | |
| ADDRESS IN RUSSIA | | | | |
| | | | | |
| | | | | |
| SECOND RELATIVE FULL NAME | | | | |
| | | | | |
| RELATIONSHIP TO YOU | | DATE OF BIRTH | | dd/mm/yyyy |
| | | | | |
| 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 mr | m/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 V | ISACENTRAL BY: (mm/dd/yyyy) SIGNATURE | |
| | | |
| Have you completed all the questions? Incomplete visa questionnaire | s cannot be processed and will be returned for additional in | formation. This could delay the processing of your request. |