

Contact Person: _____

Company or Travel Agency: _____

Address: _____

Phone: _____

Fax: _____

Date Needed by: M: D: Y:
U.S. Departure Date: M: D: Y:

Return Documents to:

Same

Alternate Address & Phone:

APPLICANT INFORMATION

Name: _____

Passport Number: _____

Date of Birth: M: D: Y:

Current Nationality: _____

SERVICES REQUIRED

If Applying for Visa

Name of Country(s): _____

Entry Type: Tourist Business Transit Work Other
 Single Double Multiple

If Applying for US Passport Social Security Number: _____

New Renewal Second Passport
 Additional Pages Name Change Extension of Passport Validity

If Applying for Authentication/Legalization of Documents

Business Work Marriage

Type of Processing:

Same Day Next Day Expedited Regular

Mode of Payment:

Credit Card Cash
 Money Order# Company of Certified Cheque#

Note: For credit card payments, please complete separate authorization sheet.
Personal Cheques are not accepted for rush processing service.

Special Instructions:

Please send your documents to:
Travel Document Express
1301 20th St., N.W. Suite 111
Washington, D.C. 20036
Phone: 202.785.3250 Fax: 202.785.3256
e-mail: support@traveldocument.com
web: www.traveldocument.com

VISA APPLICATION

(APPLICATION FOR UKRAINE ENTRY CLEARANCE)

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

cross the 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

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country

town

5. SEX

female

male

6. NATIONALITY

present

former (if any)

7. SOCIAL SECURITY NUMBER

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8. ADDRESS OF PERMANENT RESIDENCE (country, postal code, town, street, building #, apt # and phone #).

9. PASSPORT DETAILS

type

number

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date of issue

valid until

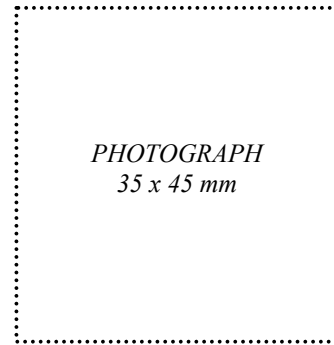
day month year

day month year

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issuing authority



FOR OFFICE USE ONLY

A

1

2

B

C

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I

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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"/>
-----	--------------------------	----	--------------------------

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 OF 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. NAME AND ADDRESS OF ORGANIZATION WHICH INVITES

NAME AND ADDRESS OF PRIVATE PERSON WHO INVITES

21. CITIES IN UKRAINE YOU INTEND TO VISIT

22. ADDRESS OF TEMPORARY RESIDENCE IN UKRAINE

23. IN CASE OF NEED WHO WILL GIVE YOU FINANCIAL 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

DATE OF SUBMISSION

day month year

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

CREDIT CARD AUTHORIZATION

Name of Applicant: _____
First Name Middle Name Last Name

Services Rendered: (Please Check where applicable)

PASSPORT PROCESSING:

New Renewal Second Passport
 Additional Pages Name Change Extension of Passport Validity

VISA PROCESSING: VISA SUPPORT

CERTIFICATION:

RETURN DELIVERY Overnight Delivery Certified Mail

Name of Cardholder: _____ Amount Charged: _____

Credit Card: MasterCard Discover

Card Number: - - -

Expiry Date: -

Credit Card: Visa (please include v-code)

Card Number: - - -

Expiry Date: - v-code:

Credit Card: American Express

Card Number: - - -

Expiry Date: -

Travel Document Express is hereby authorized to charge the amount reflected above and for any additional charges the applicant or his agent is informed for the necessary completion of passport, visa or document authentication processing. A customer charge slip and receipt will be issued for the above service(s).

NOTE:

*A 3% surcharge will be added on consulate fees exceeding \$100.

*If paying for a new "sealed" passport application, please fax this form to (202) 785-3256.

Cardholder's Signature

Date