

Full Russian Visa Questionnaire (It's not the official application form)

	Questions	Answer Please type in your details	Comments
1	NATIONALITY		AS IN PASSPORT (IF YOU FORMERLY HAD A USSR OR RUSSIAN CITIZENSHIP, PLEASE INDICATE WHEN AND WHY YOU LOST IT)
2	LAST NAME		AS IN PASSPORT
3	FIRST AND MIDDLE NAMES		AS IN PASSPORT
4	PURPOSE OF VISIT	<ul style="list-style-type: none"> • TOURISM • BUSINESS • PRIVATE • WORK / STUDY • SCIENCE-CULTURE-SPORTS-RELIGIONS 	PLEASE CIRCLE ONE OF THE PROVIDED OPTIONS
5	NUMBER OF ENTRIES	<ul style="list-style-type: none"> • SINGLE • DOUBLE • MULTIPLE 	PLEASE CIRCLE ONE OF THE PROVIDED OPTIONS
6	Date of arrival / Date of departure		DD/MM/YY
7	HOST ORGANIZATION YOU INTEND TO VISIT		COMPANY NAME, REFERENCE#, CONFIRMATION#, ADDRESS
8	Itinerary (places of visit)		LIST CITIES IN RUSSIA YOU ARE GOING TO VISIT
9	YOUR PERMANENT ADDRESS/phone number/email		(ZIPCODE, CITY, STREET, HOUSE, FLAT), TELEPHONE NUMBER, FAX NUMBER, E-MAIL
10	DO YOU HAVE A SOCIAL NETWORK ACCOUNT?		NAME OF THE SOCIAL NETWORK
11	CURRENT/LATEST PLACE OF WORK		TYPE OF JOB, COMPANY NAME, POSITION, COMPANY ADDRESS, COMPANY TELEPHONE NUMBER, COMPANY E-MAIL, TERM OF EMPLOYMENT, YOUR WORK TELEPHONE NUMBER, FAX NUMBAER AND E-MAIL ADDRESS
12	HAVE YOU VISITED RUSSIA IN THE LAST 10 YEARS?		YES/NO DD/MM/YY OF ENTRY AND DD/MM/YY OF DEPARTURE PURPOSE OF VISIT
13	HAVE YOU TRAVELLED ABROAD IN THE LAST 10 YEARS?		YES/NO, COUNTRY, DD/MM/YY OF ENTRY AND DD/MM/YY OF DEPARTURE, PURPOSE OF VISIT

14	HAVE YOU EVER BEEN ISSUED A TPR (TEMPORARY RESIDENCE PERMIT IN RUSSIA)? IF YOU HAVE, SPECIFY WHEN TRP WAS ISSUED AND WHAT AUTHORITY ISSUED A TRP.		YES/NO DD/MM/YY NAME THE AUTHORITY THAT ISSUED THE TRP
15	ARE YOU PLANNING TO APPLY FOR A TRP IN RUSSIA? IF YOU ARE, WHEN DO YOU PLAN TO MAKE A TRP? WHERE DO YOU PLAN TO MAKE A TRP? THE REASON FOR THE ISSUANCE OF TRP?		YES/NO DD/MM/YY NAME THE TOWN NAME THE REASON FOR ISSUANCE OF TRP
16	WHO IS PAYING FOR YOUR TRIP TO RUSSIA?		<ul style="list-style-type: none"> • INDEPENDENTLY • COMPANY (NAME OF THE COMPANY) • OTHER INDIVIDUAL (SURNAME AND NAME (NAMES), DATE OF BIRTH, NOTES)
17	YOUR OVERALL MONTHLY INCOME FROM ALL SOURCES		STATE THE SUM OF YOUR TOTAL MONTHLY INCOME
18	DO YOU HAVE ANY OTHER SOURCES OF INCOME INCLUDING RELATIVES AND FRIENDS?		YES/NO
19	DO YOU HAVE ANY BANK ACCOUNTS, SECURITIES, STOCKS, OTHER PRIVATE PROPERTY, INCLUDING THOSE IN RUSSIA?		YES/NO, IF YES STATE THE NAME OF BANK OR ORGANIZATION
20	TOTAL AMOUNT OF MONEY YOU ARE PLANNING TO SPEND FOR THIS TRIP/STAY/VISIT TO RUSSIA?		STATE THE SUM YOU PLAN TO SPEND
21	HOW MUCH OF THIS AMOUNT ARE YOU PLANNING TO SPEND ON ACCOMODATION AND FOOD?		STATE THE SUM YOU PLAN TO SPEND ON ACCOMODATION AND FOOD
22	NATIONAL INSURANCE NUMBER		YES/NO IF YES, PLEASE STATE THE NATIONAL INSURANCE NUMBER
23	HAVE YOU EVER BEEN ISSUED A MMI (MANDATORY MEDICAL INSURANCE/TRAVEL INSURANCE)		YES/NO IF YES, SPECIFY: DATE OF ISSUE OF THE TRAVEL INSURANCE: NAME OF THE INSURANCE COMPANY

24	IS IT YOUR FIRST BRITISH PASSPORT?		YES/NO IF NO, PLEASE SPECIFY: PREVIOUS PASSPORT NUMBER ISSUING AUTHORITY DATE OF ISSUE DATE OF EXPIRY PASSPORT STATUS IN MY POSSESSION (LOST, STOLEN, SPOILED, RAN POUT OF FREE PAGES, EXPIRED)
25	DO YOU HOLD, OR HAVE YOU EVER HELD ANY OTHER NATIONALITY OR NATIONALITIES?		YES/NO IF YES PLS SPECIFY: NATIONALITY PASSPORT NUMBER ISSUING AUTHORITY DATE OF ISSUE DATE OF EXPIRY26
26	HAVE YOU EVER CHANGED YOUR SURNAME, NAME (NAMES?)		YES/NO IF YES, SPECIFY: PREVIOUS SURNAMES, NAMES DATE OF CHANGE REASON FOR CHANGE OTHER NAMES YOU HAVE BEEN USING (NICKNAMES, RELIGIOUS TITLES)
27	COUNTRY OF BIRTH:		STATE THE COUNTRY OF BIRTH
28	PLACE OF BIRTH:		STATE THE PLACE OF BIRTH
29	INFORMATION ABOUT EMIGRATION FROM THE USSR OR FROM RUSSIA		STATE THE DATE OF EMIGRATION: WHAT COUNTRY YOU EMIGRATED TO:
30	MARITAL STATUS	<ul style="list-style-type: none"> • MARRIED • SINGLE • DIVORCED • SEPARATED • WIDOWED • CIVIL PARTNERSHIP • DISSOLVED CIVIL PARTNERSHIP 	PLEASE CIRCLE ONE OF THE PROVIDED OPTIONS
31	IF YOU ARE MARRIED, DIVORCED, SEPARATED, WIDOWED, IN CIVIL PARTNERSHIP OR DISSOLVED CIVIL PARTNERSHIP, PLEASE PROVIDE NECESSERILY INFORMATION.		SPOUSE NAME, SURNAME, SEX DATE AND PLACE OF BIRTH CURRENT ADDRESS NATIONALITY DATE AND PLACE OF DEATH

32	WILL YOUR SPOUSE, CIVIL/UNMARRIED PARTNER BE TRAVELLING WITH YOU?		YES/NO
33	INFORMATION ABOUT YOUR EMPLOYMENT IN ORGANIZATIONS (GOVERNMENTAL OR NON-GOVERNMENTAL) OF THE FOLLOWING CATEGORIES: ARMED FORCES, GOVERNMENT OR MUNICIPAL ADMINISTRATION AUTHORITIES, LAW-ENFORCEMENT AUTHORITIES, PRIVATE SECURITY COMPANIES.		YES/NO IF YES, SPECIFY: HAVE YOU EVER WORKED AT ANY OF SUCH ORGANIZATIONS? NAME OF ORGANIZATION POSITION TERM OF EMPLOYEMENT (DATE FROM/DATE TO)
34	HAVE YOU EVER BEEN INVOLVED IN ANY ARMED CONFLICTS, HAVE YOU EVER TAKEN PART IN OR BEEN A VICTIM OF ANY MILITARY ACTIONS?		YES/NO IF YES, SPECIFY: NAME OF ARMED CONFLICT/MILITARY ACTIONS COUNTRY TIME PERIOD
35	HAVE YOU EVER BEEN UNDER ARREST OR DO YOU HAVE ANY CRIMINAL CONVICTIONS?		YES/NO IF YES, SPECIFY: DATE AND PLACE OF CONVICTION REASON IMPOSED SENTENCE
36	HAVE YOU EVER BEEN REFUSED A RUSSIAN VISA OR VISA TO ANY OTHER COUNTRY?		YES/NO IF YES, SPECIFY: COUNTRY DATE REASON
37	HAVE YOU EVER BEEN REFUSED ENTRY TO RUSSIA ON ARRIVAL?		YES/NO IF YES, SPECIFY: DATE PLACE REASON

38	<p>HAVE YOU EVER BEEN DEPORTED OR REMOVED FROM RUSSIA OR ANY OTHER COUNTRY?</p>		<p>YES/NO</p> <p>IF YES, INDICATE:</p> <p>COUNTRY</p> <p>DATE</p> <p>REASON (IF KNOWN)</p>
39	<p>HAVE YOU EVER BEEN SUSPECTED OF ANY WAR CRIMES OR CRIMES AGAINST HUMANITY?</p>		<p>YES/NO</p>
40	<p>HAVE YOU EVER BEEN A MEMBER OF AN ORGANIZATION RECOGNIZED AS TERRORIST ORGANIZATION?</p>		<p>YES/NO</p>
41	<p>HAVE YOU EVER BY ANY MEANS PUBLICLY EXPRESSED VIEWS THAT JUSTIFY OR GLORIFY TERRORIST OR EXTREMIST ACTIVITIES? HAVE YOU EVER BY ANY MEANS PUBLICLY EXPRESSED VIEWS THAT JUSTIFY OR GLORIFY TERRORIST OR EXTREMIST ACTIVITIES?</p>		<p>YES/NO</p>
42	<p>HAVE YOU EVER BY ANY MEANS PUBLICLY DECLARED FOR DISMANTLING THE CONSTITUTIONAL SYSTEM OR TERRITORIAL INTEGRITY OF THE RUSSIAN FEDERATION?</p>		<p>YES/NO</p>
43	<p>HAVE YOU EVER BEEN CHARGED WITH CRIMINAL OR ADMINISTRATIVE OFFENCE (INCLUDING TRAFFIC VIOLATION) IN RUSSIA OR IN ANY OTHER COUNTRY?</p>		<p>YES/NO</p>
44	<p>HAVE YOU EVER BROKEN MIGRATION LAWS AND REGULATIONS OF RUSSIA OR OF ANY OTHER COUNTRY?</p>		<p>YES/NO</p>

45	HAVE YOU EVER BEEN AFFLICTED WITH A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE OR A DANGEROUS PHYSICAL OR MENTAL DISORDER?		YES/NO
46	HAVE YOU EVER BEEN A DRUG ABUSER OR AN ADDICT?		YES/NO
47	HAVE YOU EVER USED DRUGS OR HAVE BEEN A DRUG ADDICT?		YES/NO
48	LEVEL OF RUSSIAN LANGUAGE SKILLS	<ul style="list-style-type: none"> • DO NOT SPEAK • FLUENT • CAN HAVE A SIMPLE CONVERSATION • UNDERSTAND, BUT DO NOT SPEAK WELL • READ AND TRANSLATE WITH A DICTIONARY 	PLEASE CIRCLE ONE OF THE PROVIDED OPTIONS
49	DO YOU HAVE CHILDREN?		YES/NO IF YES, SPECIFY : SURNAME, NAME(NAMES) DATE AND PLACE OF BIRTH RELATIONSHIP TO YOU PASSPORT NUMBER ISSUING AUTHORITY DATE OF ISSUE DATE OF EXPIRY NATIONALITY
50	WILL YOUR CHILDREN BE TRAVELLING WITH YOU?		YES/NO
51	DOES YOUR CHILD RESIDE WITH YOU AT YOUR CURRENT ADDRESS?		YES/NO
52	WHAT IS THE CURRENT ADDRESS OF YOUR CHILD?		SPECIFY THE CURRENT ADDRESS OF YOUR CHILD
53	WILL YOU ACCOMPANY ANY CHILDREN?		YES/NO IF YES SPECIFY: SURNAME, NAME(NAMES) DATE AND PLACE OF BIRTH RELATIONSHIP TO YOU RELATIONSHIP TO THE PARENTS OF THE CHILD PASSPORT NUMBER ISSUING AUTHORITY DATE OF ISSUE DATE OF EXPIRY NATIONALITY

54	INFORMATION ABOUT YOUR PARENTS.	<p>YOUR FATHER:</p> <p>YOUR MOTHER:</p>	<p>SURNAME, NAME (NAMES)</p> <p>DATE, COUNTRY AND PLACE OF BIRTH</p> <p>NATIONALITY</p>
55	IS YOUR FATHER ALIVE?		<p>YES/NO</p> <p>IF NO, SPECIFY:</p> <p>DATE AND PLACE OF DEATH</p>
56	IS YOUR MOTHER ALIVE?		<p>YES/NO</p> <p>IF NO, SPECIFY:</p> <p>DATE AND PLACE OF DEATH</p>
57	DO YOU CURRENTLY HAVE ANY RELATIVES IN RUSSIA?		<p>YES/NO</p> <p>IF YES, SPECIFY:</p> <p>RELATIONSHIP TO YOU</p> <p>SURNAME AND NAME (NAMES)</p> <p>NATIONALITY</p> <p>CURRENT ADDRESS</p> <p>CONTACT TELEPHONE NUMBER</p>
58	WHERE ARE YOU PLANNING TO STAY DURING YOUR VISIT IN RUSSIA?		<p>INDIVIDUAL (SURNAME AND NAMES) / HOTEL (NAME)</p> <p>ADDRESS</p> <p>CONTACT TELEPHONE NUMBER</p>
59	HAVE YOU COMPLETED THIS APPLICATION FORM PERSONALLY?		<p>YES/NO</p> <p>IF NO, SPECIFY:</p> <p>SURNAME AND NAME OF THE PERSON WHO COMPLETED THE FORM FOR YOU</p> <p>CURRENT ADDRESS</p> <p>NATIONALITY</p> <p>PASSPORT NUMBER</p> <p>ISSUING AUTHORITY</p> <p>DATE OF ISSUE</p> <p>DATE OF EXPIRY</p> <p>CONTACT TELEPHONE NUMBER</p>

DATE

SIGNATURE