



**EMBASSY OF THE REPUBLIC OF CUBA  
CONSULAR SECTION  
APPLICATION FORM FOR A VISA**

(To be **completed in block letters**)

Full names and surnames \_\_\_\_\_

Date     of birth / / / Country of birth \_\_\_\_\_  
           d    m    y

Nationality \_\_\_\_\_ sex     - Marital Status \_\_\_\_\_  
   m    f

Profession \_\_\_\_\_ Occupation \_\_\_\_\_

Home address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name and business address \_\_\_\_\_  
 \_\_\_\_\_ Phone No. \_\_\_\_\_

Passport No. \_\_\_\_\_ Type \_\_\_\_\_

Issuing country \_\_\_\_\_ Issuing / d / t e / V a l i d / u n / i l /  
   d    m    y                                  d    m    y

Purpose of visit \_\_\_\_\_

Was the applicant previously in Cuba? \_\_\_\_\_ When? \_\_\_\_\_ :

Name of person, institution or company to visit in Cuba \_\_\_\_\_  
 (for business ~~and~~ official visits)

Date of entry \_\_\_\_\_ Date of exit \_\_\_\_\_

Place of embarking \_\_\_\_\_ Place of entry \_\_\_\_\_

**PARTICULARS OF MINOR CHILDREN** who will accompany the applicant and are included in the applicant's passport.

Name	Place of birth	Dab of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare that the above particulars given by me are true in substance and fact.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

**THIS SPACE TO BE LEFT BLANK FOR OFFICIAL USE**

Date of granting \_\_\_\_\_

Type of visa \_\_\_\_\_

Signature \_\_\_\_\_

Observations \_\_\_\_\_

\_\_\_\_\_

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