



**Embassy of Georgia in the United Kingdom
of Great Britain and Northern Ireland
Consular Section**

4 Russell Gardens, London W14 8EZ
Tel: 44 (0) 20 7603 7799 Fax: 44 (0) 20 7603 6682
24 hour visa information - Tel: 09065508927

Recent colour
photograph
30X40 mm

VISA APPLICATION

PLEASE TYPE OR WRITE IN BLOCK CAPITAL LETTERS

1. First name <input style="width:90%;" type="text"/>		2. Surname (family name) <input style="width:90%;" type="text"/>	
3. Other names (former,religious,etc) <input style="width:90%;" type="text"/>	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Place of birth (town and country) <input style="width:90%;" type="text"/>	6. Date of birth Day Month Year <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
7. Nationality (in case of dual citizenship, please state both) <input style="width:90%;" type="text"/>	8. Type of passport <input type="checkbox"/> Diplomatic <input type="checkbox"/> Ordinary <input type="checkbox"/> Official <input type="checkbox"/> Travel document		9. Passport number <input style="width:90%;" type="text"/>
10. Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		If married, please give name and nationality of your spouse <input style="width:90%;" type="text"/>	
11. Permanent address and telephone in the country of residence <input style="width:90%;" type="text"/> <input style="width:90%;" type="text"/>		12. Name, address and telephone number of employer or school <input style="width:90%;" type="text"/> <input style="width:90%;" type="text"/>	
13. Occupation <input style="width:90%;" type="text"/> <input style="width:90%;" type="text"/>		14. Purpose of your journey to Georgia <input style="width:90%;" type="text"/> <input style="width:90%;" type="text"/>	
15. References in Georgia (name(s) of person(s) or organisation(s) to be visited in Georgia, their address and telephone number) <input style="width:90%;" type="text"/>			
16. At what address will you stay in Georgia? <input style="width:90%;" type="text"/>			
17. How many times would you like to enter Georgia? <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Several		18. Date of (first) entry Day Month Year <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	
19. Duration of (each) stay <input style="width:90%;" type="text"/>			
20. Person(s) included on your passport			
Full name <input style="width:90%;" type="text"/> <input style="width:90%;" type="text"/>	Date of birth <input style="width:90%;" type="text"/> <input style="width:90%;" type="text"/>	Relationship <input style="width:90%;" type="text"/> <input style="width:90%;" type="text"/>	
Note: Separate Application Form must be completed for each person travelling with the passport holder			

I hereby declare, that the data given in this application is true and complete to the best of my knowledge and belief.

Date _____

Signature of the applicant _____

FOR OFFICIAL USE			Please do not write in the space below									
Reg. No <input style="width:90%;" type="text"/>	Visa No <input style="width:90%;" type="text"/>	Rcpt No <input style="width:90%;" type="text"/>	E <input type="checkbox"/>	EEX <input type="checkbox"/>	TR <input type="checkbox"/>	DIP <input type="checkbox"/>	OFF <input type="checkbox"/>	TUR <input type="checkbox"/>	ORD <input type="checkbox"/>	S <input type="checkbox"/>	D <input type="checkbox"/>	M <input type="checkbox"/>