

Photo

Application for Visa to enter the Republic of Cyprus

This application form is free



1. Surname(s) (family name(s))		FOR EMBASSY/ CONSULATE USE ONLY Date application : File handled by : Supporting documents: <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health insurance <input type="checkbox"/> Other :
2. Surname(s) at birth (earlier family name(s))		
3. First names (given names)		
4. Date of birth (year-month-day)	5. ID-number (optional)	
6. Place and country of birth		
7. Current nationality/ies	8. Original nationality (nationality at birth)	
9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Other	
11. Father's name	12. Mother's name	
13. Type of passport: <input type="checkbox"/> National passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document (1951 Convention <input type="checkbox"/> Alien's passport <input type="checkbox"/> Seaman's passport <input type="checkbox"/> Other travel document (please specify):		
14. Number of passport	15. Issued by	
16. Date of issue	17. Valid until	
18. If you reside in a country other than your country of origin, have you permission to return to that country? <input type="checkbox"/> No <input type="checkbox"/> Yes, (number and validity).....		
* 19. Current occupation		Visa : <input type="checkbox"/> Refused <input type="checkbox"/> Granted
* 20. Employer and employer's address and telephone number. For students, name and address of school.		
21. Main destination	22. Type of Visa: <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay	Characteristics of Visa : <input type="checkbox"/> LTV <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D + C
23. Visa: <input type="checkbox"/> Individual <input type="checkbox"/> Collective		
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of stay Visa is requested for: _____ days	Number of entries : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple
26. Other visas (issued during the past three years) and their period of validity		Valid from To Valid for :
27. In the case of transit, have you an entry permit for the final country of destination? <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until : _____ Issuing authority : _____		
* 28. Previous stays in Cyprus		

* The questions marked with * do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent ascendant). Family members of EU or EEA citizens have to present documents to prove this relationship.

29. Purpose of travel <ul style="list-style-type: none"> • Tourism • Visit to Family or Friends • Official • Other (please specify) : 		<ul style="list-style-type: none"> • Business • Cultural/Sports • Medical reasons 		FOR EMBASSY / CONSULATE USE ONLY
* 30. Date of arrival		* 31. Date of departure		
* 32. Border of first entry or transit route		33. Means of transport		
* 34. Name of host or company in Cyprus and contact person in host company. If not applicable, give name of hotel or temporary address in Cyprus				
Name		Telephone and telefax		
Full address		e-mail address		
* 35. Who is paying for your cost of travelling and for your costs of living during your stay?				
Myself Host person/s Host company . (State who and how and present corresponding documentation):				
* 36. Means of support during your stay				
Cash Credit cards Other: Travel and/or health insurance. Valid until/				
37. Spouse's family name		38. Spouse's family name at birth		
39. Spouse's first name		40. Spouse's date of birth	41. Spouse's place of birth	
42. Children (Applications <u>must</u> be submitted separately for each passport)				
Name	First name		Date of birth	
1				
2				
3				
43. Personal data of the EU or EEA citizen you depend on. This question should be answered only by family members of EU or EEA citizens				
Name		First Name		
Date of Birth	Nationality		Number of passport	
Family relationship :				
44. I am aware of and consent to the following: any personal data concerning me which appear on this visa application form will be supplied to the relevant authorities and processed by those authorities, if necessary, for the purposes of a decision on my visa application. Such data may be input into, and stored in, databases accessible to the relevant authorities in the Republic of Cyprus. I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Republic of Cyprus. I undertake to leave the territory of the Republic of Cyprus upon the expiry of the visa, if granted.				
45. Applicant's home address			46. Tel. number	
47. Place and date		48. Signature (for minors, signature of custodian/guardian)		



اظہار نامہ متقاضی

سفارت جمهوری قبرس (بخش کنسولگری)

اینجانب متولد (تاریخ و محل تولد).....
دارنده گذرنامه شماره..... صادره از..... اظهار می دارم که هیچ گونه
مشکل سیاسی، اجتماعی، دینی و یا غیره با هیچ یک از سازمان های دولتی جمهوری اسلامی ایران ندارم.
همچنین قوانین و شرایط اخذ روادید جمهوری قبرس را مطالعه و درک نموده، آگاهم و تعهد می نمایم
که در صورت ممانعت از ورود به قبرس توسط مقامات امور مهاجرت جمهوری قبرس، هیچ گونه اعتراض و یا
ادعایی بابت غرامت و خسارت نخواهم داشت.

تاریخ:

امضاء:

To: The Embassy of the Republic of Cyprus
(Consular Section)

Personal Declaration

I, the undersigned(full name), born in
..... (place), on (date) and holding passport number
..... issued at, **declare** that I have no problem of
political, social, ethnic or religious nature with the Governmental Authorities of the Islamic
Republic of Iran.

I have also read and understood the entry regulations of the Republic of Cyprus and I am aware
that if I am refused entry to the territory of Cyprus or deported by the Immigration Authorities of
the Republic of Cyprus I will have no claim for compensation, damages or objection.

Signature:

Date: