



EMBASSY OF THE FEDERAL REPUBLIC OF YUGOSLAVIA
2410 CALIFORNIA ST., NW WASHINGTON D.C. 20008
PHONE: (202) 332-0333 FAX: (202) 332-5974

VISA APPLICATION

1. Last name: _____ Middle name: _____ First name: _____
 2. Date & place of birth: _____ Sex: _____
 3. Nationality: _____ Occupation: _____
 4. Passport No: _____ Date & Place of issue: _____ Valid until: _____
 5. Person travelling on the same Passport:
Full Name: _____ Date & Place of birth: _____ Relationship: _____

 6. Permanent address: _____ Tel No: _____
 7. Present address (if different from permanent): _____
 8. Expected date of entry into FRY: _____ & of exit from FRY: _____
 9. One entry/exit: Two entries/exits Multiple entries/exits:
 10. Purpose of visit: _____

 11. Previous residence of visit in FRY: _____
 12. If travelling on business, please list names & addresses of persons to be contacted in FRY: _____

 13. If travelling privately or as a tourist please list names and addresses of persons to be visited: _____

 14. If travelling on business purposes, please attach the invitation letter from the Yugoslav as well as the office letter from your U.S. company outlining what kind of business you seek to perform and how long you have been cooperating with the Yugoslav firm:
- Applicant's signature: _____
Date & Place: _____

FOR OFFICIAL USE ONLY

Visa granted/denied

Number: _____

Date of issue: _____

Signature of author