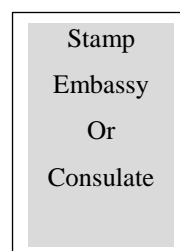


Application for Cyprus Visa

This application form is free



Family members of EU, EEA or CH citizens or of UK nationals who are Withdrawal Agreement beneficiaries shall not fill in fields no 21, 22, 30, 31 and 32 (marked with *)

Fields 1-3 shall be filled in in accordance with the data in the travel document

1. Surname (Family name):			FOR OFFICIAL USE ONLY
2. Surname at birth (Former family name(s)):			
3. First name (s) (Given name (s)):			
4. Date of birth (day-month - year):	5. Place of birth: 6. Country of birth:	7. Current nationality: Nationality at birth (if different): Other nationalities:	Date of application: Application number: Application lodged at: <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border (Name): <input type="checkbox"/> Other:
8. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Civil status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify): . Spouse's name and surname . Children 1 2 3		File handled by: Supporting documents: <input type="checkbox"/> Travel documents <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> TMI <input type="checkbox"/> Means of transport <input type="checkbox"/> Other:
10. Parental authority (in case of minors) / legal guardian (surname, first name, address, if different from applicant's, telephone no., e-mail address, and nationality):			Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV
11. National identity number where applicable:			<input type="checkbox"/> Valid:
12. Type of travel document: <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify):			From: Until: Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Mult Number of days:

13. Number of travel document:	14. Date of issue:	15. Valid until:	16. Issued by (country):
17. Personal data of the family member who is an EU, EEA or CH citizen or an UK national who is a Withdrawal Agreement beneficiary, if applicable:			
Surname (Family name):		First name (s) (Given name (s)):	
Date of birth (day-month-year):	Nationality:	Number of travel document or ID card:	
18. Family relationship with an EU, EEA or CH citizen, or an UK national who is a Withdrawal Agreement beneficiary, if applicable: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant <input type="checkbox"/> Registered Partnership <input type="checkbox"/> other			
19. Applicant's home address and e-mail address:		Telephone no.:	
20. Residence in a country other than the country of current nationality: <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No..... Valid until.....			
*21. Current occupation:			
*22. Employer and employer's address and telephone number. For students, name and address of educational establishment:			
23. Purpose(s) of journey: <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reason <input type="checkbox"/> Study <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify):			
24. Additional information on purpose of stay:			
25. Member State of main destination (and other Member States of destination, if applicable):		26. Member State of first entry:	
27. Number of entries requested: <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries Intended date of arrival of the first intended stay in the Republic of Cyprus: Intended date of departure from the Republic of Cyprus after the first intended stay:			

28. Fingerprints collected previously for the purpose of applying for a Schengen visa: <input type="checkbox"/> No <input type="checkbox"/> Yes Date, if known Visa sticker number, if known	
29. Entry permit for the final country of destination, where applicable: Issued by Valid from until	
* 30. Surname and first name of the inviting person(s) in the Republic of Cyprus. If not applicable, name of hotel(s) or temporary accommodation(s) in the Republic of Cyprus:	
Address and e-mail address of inviting person(s)/hotel(s) temporary accommodation(s):	Telephone no:
*31. Name and address of inviting company/organization:	
Surname, first name, address, telephone no, and e-mail address of contact person in company/organisation:	Telephone no. of company/organisation:
*32. Cost of travelling and living during the applicant's stay is covered:	
<input type="checkbox"/> by the applicant himself/herself Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Pre-paid accomodation <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify: <input type="checkbox"/> referrers to in field 30 or 31 <input type="checkbox"/> other (please specify) Means of support: <input type="checkbox"/> Cash <input type="checkbox"/> Accomodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify)
I am aware that the visa fee is not refunded if the visa is refused. Applicable in case a multiple-entry visa is applied for: I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States. I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the application; and any personal data concerning me which appear on the application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my application. Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of Cyprus responsible for processing the data is: Ministry of Foreign Affairs, Presidential Palace Ave., 1447, Nicosia, Tel. +357 22651000, fax +357 22661881, www.mfa.gov.cy .	

I am aware that I have the right to obtain, in any of the Member States, notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the Member State concerned. The national supervisory authority is Data Protection Authority in Cyprus, Iasonos str. 1, 1082, Nicosia, tel. +357 22818456, fax +357 22304565, e-mail: commissioner@dataprotection.gov.cy (dpo@mfa.gov.cy) will hear claims concerning the protection of personal data.

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 Member State which deals with the application.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 6(1) of Regulation (EU) No 2016/399 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Place and date:

.....

Signature (signature of parental authority/legal guardian, if applicable):

.....

1. загранпаспорт, действительный как минимум 3 месяца с момента окончания визы. В паспорте должна быть одна свободная страница для визы;
2. заполненная и подписанная заявителем анкета: анкета заполняется на английском языке;
3. две фотографии 3х4
4. Предварительное бронирование отеля, полученное от менеджера отеля и подписью ответственного сотрудника;
5. Брония билетов
6. Копии предыдущих виз;
7. Документы, доказывающие, что заявитель имеет достаточную сумму денег для покрытия расходов во время независимого пребывания на Кипре, такие как выписка из банка или дорожные чеки (Кредитные карты принимаются только в дополнение к выписке из банка и вместе с финансовой выпиской, подтверждающей кредитный лимит, сделанной накануне. Пожалуйста, примите к сведению, что наличные деньги не принимаются в качестве доказательства.).
8. для детей необходимо приложить ксерокопию свидетельства о рождении. В случае если ребенок едет с одним взрослым либо в сопровождении третьих лиц, необходимо предоставить копию нотариально заверенного согласия на вывоз ребенка от остающегося родителя/родителей.
9. Справка с место работы где на фирменном бланке директором предприятия будет указано, с какого числа и какую должность занимает данный гражданин, его среднемесячный оклад

Для оформления **гостевой визы** на Кипр требуются те же документы, что и для туристической визы, но вместо ваучера или подтверждения бронирования отеля предоставляется:

1. копия стандартного "Заявления об ответственности за гостя" (Assumption of Responsibility to Host) от частного лица, в котором указываются паспортные данные приглашаемого, сроки пребывания и место его проживания на Кипре. Заявление подписывается лично приглашающим, при этом его подпись должен заверить нотариус на Кипре либо иммиграционный отдел Кипра;
2. копия паспорта приглашающего (если он гражданин Республики Кипр) либо копия вида на жительство или рабочей (учебной) визы.
3. Банковская гарантия со стороны приглашающего. Банковская гарантия(850 евро) должна носить печать миграционного департамента и иметь срок действия на один год.

Пожалуйста предъявлять/принести документы 2-3 недели до полета.

Телефон: +374 (10) 58 63 31 e-mail: conkypros@gmail.com



ΕΛΛΗΝΙΚΗ ΤΡΑΠΕΖΑ

Trade Finance Services
20, Amfipoleos Str., 2025 Strovolos
P.O.Box 24747, 1394 Nicosia
Branch/Service Code: 018
Telephone: (+357) 22501668/22501672
Telefax: (+357) 22313671
SWIFT: HEBACY2N

Next's

Name(s) and Surname(s): **WORLD VISION INTERNATIONAL**
Passport/ID/Reg No: 1836
Address:
PERIKLEOUS
NICOSIA, CYPRUS

Migration office stamp

Applicant's Name(s) and Surname(s): **WORLD VISION INTERNATIONAL**

Date: 28/7/2015

Director
Civil Registry and Migration Department
Ministry of Interior



Handwritten signature and date: 4/8/15

Dear Sirs,

Letter of Guarantee No. MLGU/00107635/140

We have been informed that **STEVAN KOBAL** (hereinafter referred to as 'the Alien'), from GEORGIA and with Passport Number **000000000**, is submitting an application for entry (M58)/Temporary Residence Permit (M61) and that, in order to cover the repatriation expenses, the terms of procedure provide for the submission by the Alien of a Guarantee for the amount of € 850,00 (Euro EIGHT HUNDRED FIFTY ONLY) (hereinafter referred to as 'the Guaranteed Amount').

At the request of the Applicant, we the undersigned Bank, waiving all rights of objection and defense, hereby, irrevocably and without any reference to and notwithstanding any objection by the Applicant, undertake to pay you without delay (and at the latest within 3 working days) any amount up to the Guaranteed Amount upon receipt by us of your first demand in writing.

This Guarantee shall remain in force up to its return to us for cancellation or its release by you.

This Guarantee shall be governed by and construed according to the laws of the Republic of Cyprus and shall fall within the jurisdiction of the courts of the Republic of Cyprus.

Sincerely,
HELLENIC BANK PUBLIC COMPANY LTD

Handwritten signature of Aristotelis Shiokouros

ARISTOTELIS SHIOKOUROS

Handwritten signature of Christakis Tsangaris

CHRISTAKIS TSANGARIS

ΧΑΡΤΟΣΗΜΟ ΠΛΗΡΩΜΕΝΟ

STAMP DUTY PAID

COPY OF THE ORIGINAL

ΕΛΛΗΝΙΚΗ ΤΡΑΠΕΖΑ ΔΗΜΟΣΙΑ ΕΤΑΙΡΕΙΑ ΛΙΜΙΤΕΔ

Δημόσια Εταιρεία, Αριθμός Εγγραφής Εταιρείας: 6771, Εγγεγραμμένο Γραφείο: Γωνία Λεωφ. Λεμεσού & Λεωφ. Αθαλάσσης 200, 2025 Στρόβολος, Λευκωσία, Κύπρος
SWIFT: HEBACY2N, Γραμμή Εξυπηρέτησης: 8000 9999 - Γραμμή από Εξωτερικό: +357 22 500500, E-mail: hellenic@hellenicbank.com,



ASSUMPTION OF RESPONSIBILITY FOR HOSTING NON-CYPRIOT GUESTS

Δήλωση ανάληψης ευθύνης για φιλοξενία αλλοδαπών

A**Host's Details****ΣΤΟΙΧΕΙΑ ΦΙΛΟΞΕΝΟΥΝΤΟΣ/-ΟΥΣΑΣ****(1) Surname***Επίθετο***(2) Forename(s)***Όνομα***(3) Nationality***Ιθαγένεια***(4) Date of Birth***Ημερ. Γέννησης***(5) Passport/ID Nr.***Αρ. Διαβατηρίου/Ταυτ.***(6) Annual Income***Ετήσιο Εισόδημα***Euro €****(7) Address of Residence***Διεύθυνση Διαμονής***(8) Hosting Address (if different)***Διεύθυνση Φιλοξενίας (εάν διαφέρει)***(9) Contact Telephone Number***Τηλέφωνο Επικοινωνίας*

I, the undersigned resident of Cyprus whose details appear above, hereby state that I assume full responsibility vis-à-vis the Authorities of the Republic of Cyprus for hosting the guests named in Section B below and for covering their accommodation and subsistence expenses, as well as any expenses that may arise for their medical treatment, during their stay in Cyprus. I guarantee, further, that their stay in Cyprus will not exceed the period of validity of their visa, and if it does, I undertake the responsibility to inform, without any delay, the competent Authorities of the Republic of Cyprus accordingly.

Εγώ, ο/η κάτωθι υπογεγραμμένος/η κάτοικος Κύπρου, τα στοιχεία του οποίου/της οποίας αναγράφονται πιο πάνω, δηλώνω υπευθύνως ότι αναλαμβάνω πλήρη ευθύνη έναντι των Αρχών της Κυπριακής Δημοκρατίας για φιλοξενία των ξένων, τα στοιχεία των οποίων παρατίθενται στο Μέρος Β κατωτέρω. Δηλώνω επίσης ότι είμαι έτοιμος να αναλάβω όλα τα έξοδα διαμονής και διατροφής τους καθώς και οποιαδήποτε έξοδα ενδέχεται να προκύψουν για ιατροφαρμακευτική περίθαλψή τους κατά τη διάρκεια της παραμονής τους στην Κύπρο. Εγγυούμαι επίσης ότι αυτοί δεν θα παραμείνουν στην Κύπρο παράνομα μετά τη λήξη της Θεώρησης Εισόδου που θα κατέχουν, και αναλαμβάνω - στην αντίθετη περίπτωση - την ευθύνη να ενημερώσω γι' αυτό αμέσως τις αρμόδιες Αρχές της Κυπριακής Δημοκρατίας.

(10) Host's Signature*Υπογραφή Δηλούντος/ούσας***(11) Date***Ημερομηνία***Certification of signature** Πιστοποίηση*υπογραφής***B****Guests' Details****ΣΤΟΙΧΕΙΑ ΦΙΛΟΞΕΝΟΥΜΕΝΩΝ**

1	SURNAME ΕΠΩΝΥΜΟ	NAME ΟΝΟΜΑ	SEX ΦΥΛΟ	DATE OF BIRTH ΗΜΕΡ. ΓΕΝΝΗΣΗΣ	PASSPORT № ΑΡ. ΔΙΑΒΑΤΗΡΙΟΥ	NATIONALITY ΙΘΑΓΕΝΕΙΑ
	RELATION TO HOST ΣΥΓΓΕΝΕΙΑ/ΣΧΕΣΗ ΜΕ ΠΡΟΣΚΑΛΟΥΝΤΑ/-ΣΑ					
2	SURNAME ΕΠΩΝΥΜΟ	NAME ΟΝΟΜΑ	SEX ΦΥΛΟ	DATE OF BIRTH ΗΜΕΡ. ΓΕΝΝΗΣΗΣ	PASSPORT № ΑΡ. ΔΙΑΒΑΤΗΡΙΟΥ	NATIONALITY ΙΘΑΓΕΝΕΙΑ
	RELATION TO HOST ΣΥΓΓΕΝΕΙΑ/ΣΧΕΣΗ ΜΕ ΠΡΟΣΚΑΛΟΥΝΤΑ/-ΣΑ					

(12) Date of guests' arrival in Cyprus*Ημερομηνία άφιξης φιλοξενουμένων στην Κύπρο***(13) Date of guests' departure from Cyprus***Ημερομηνία αναχώρησής τους από την Κύπρο*