



EMBASSY OF THE REPUBLIC OF CUBA. CANBERRA, AUSTRALIA

VISA APPLICATION (FOR NON-TOURISTIC PURPOSES)

Type of Visa

- | | | | |
|---------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Events | <input type="checkbox"/> Journalist | <input type="checkbox"/> Student | <input type="checkbox"/> Technician or Scientific |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Family | <input type="checkbox"/> Religious | |
| <input type="checkbox"/> Sport | <input type="checkbox"/> Business | <input type="checkbox"/> Other | |

PLEASE
ATTACH
PHOTO
HERE

Complete this form (BLOCK LETTERS) and include:

- Your passport
- Itinerary (flights details)
- Invitation letter from an entity in Cuba.
- Once recent passport size photo.

Methods of Payment:

- We only accept bank transfer to: Name: "CONSULATE OF CUBA"
BSB: 882 - 000
Account No: 100151162

** We will process your application once we receive all the information required above.

PERSONAL INFORMATION:

SURNAMENES:																																
GIVEN NAMES:																																
CITIZENSHIP:											MARITAL STATUS:											SEX:										
DATE OF BIRTH:						COUNTRY OF BIRTH:																										
PASSPORT NO:											EXPIRATION DATE:																					
OCCUPATION:																HIGHEST LEVEL OF EDUCATION:																
HOME ADDRESS:																																
	STATE:																				POSTCODE:											
MOBILE PHONE:											E-MAIL:																					

ABOUT YOUR TRAVEL TO CUBA:

COUNTRY OF DEPARTURE FOR CUBA:											DATE:																				
PERSON OR ENTITY YOU ARE DEALING WITH IN:																															
NAME OF HOTEL OR ADDRESS IN CUBA:																															
LENGTH OF STAY:																CITY:															

PREVIOUS TRIPS TO CUBA: YES ___ NO ___ (In the positive case, complete the below information)

REASON OF LAST VISIT:											DATE:										
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ADDRESS FOR SENDING THE VISA:

POBOX OR STREET:											STATE:										
SUBURB OR TOWN:											POSTCODE:										

SIGNATURE:

DATE OF APPLICATION: ____/____/____

(Office use only)

Collect by:	Signature:	Date: ____/____/____
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