PLEASE FILL IN THE PROPOSED FORM IN BLOCK LETTERS

VISA ASSISTANCE

DEPARTMENT FOR INTERNATIONAL COOPERATION OF THE MINISTRY FOR COMMUNICATIONS AND INFORMATIZATION OF THE RUSSIAN FEDERATION

To be sent to:

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Surname & first name(s):	
Sex:	
Position:	
Organization:	
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Telephone:	
Fax:	
Citizenship:	
Passport number:	
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Place of birth:	
Date of arrival in Russia:	
Date of departure:	