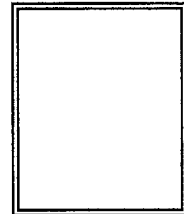




EMBASSY OF THE REPUBLIC OF ARMENIA
 7 Delaware Ave., Ottawa, Ontario, K2P 0Z2
 Tel.: (613) 234-3710; Fax: (613) 234-3444
 email: erac@ican.net



VISA APPLICATION

1. Surname	2. Name	3. Middle Name (if any):
4. Date of Birth / / day month year	5. Place of Birth: City: Country:.....	6. Citizenship:
7. Ethnic affiliation (optional)	8. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	9. Occupation:
10. Work Address: Tel: _____	11. Home Address: Tel: _____	12. Main Destination (if transit):
13. Purpose of entry: Tourism <input type="checkbox"/> Business <input type="checkbox"/> Transit <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____	14. Date of entry / / day month year	15. Duration of stay: days
16a. Name of inviting party (if any):	16b. Address: _____ _____ _____	17. Address during the stay in Armenia (optional):
18. Persons included in passport traveling with you: _____	19a. Type of passport/travel document: Regular <input type="checkbox"/> Diplomatic <input type="checkbox"/> UNLP <input type="checkbox"/> Official/Service <input type="checkbox"/> Other <input type="checkbox"/>	19b. No. of passport/Travel document: _____ Issuing Port: _____
19c. Date of issue / / day month year Valid until: / / day month year	20. Application Date: / / day month year	21. Signature: _____

FOR OFFICIAL USE ONLY:

ա. Վիզայի համարը՝	զ. Տրված է՝
բ. Տեսակը՝ Դ <input type="checkbox"/> Պ <input type="checkbox"/> Գ <input type="checkbox"/> Ս <input type="checkbox"/> Ջ <input type="checkbox"/> Տ <input type="checkbox"/>	է. Ուժի մեջ է մինչև՝
գ. Մուտքերի քանակը՝ Ե <input type="checkbox"/> Բ <input type="checkbox"/>	ը. Գանձված է՝ \$
ե. Այցի տևողությունը՝ _____ օր	թ. Ստորագրություն՝