



A division of RCTC Corporation

1000 Finch Ave West, Suite 900  
Toronto, ON, M3J 2V5  
Ph: 1-866-334-0811  
Fax: 416-352-1794

**1. Please provide your contact information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**2. Returning documents**

- FedEx Priority Overnight (\$25 to Canada; \$35 to continental US)
- Use my pre-paid courier. Self-address waybill & envelope are attached (FedEx, DHL, Purolator & UPS only)
- I will pick up my passport from your office

Name : \_\_\_\_\_ Street address : \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Suite : \_\_\_\_\_

City : \_\_\_\_\_

Prov/State : \_\_ Postal Code/Zip: \_\_\_\_\_

**3. Payment**

Service cost \$ \_\_\_\_\_ + 5% GST \$ \_\_\_\_\_ + Courier \$ \_\_\_\_\_ = TOTAL \$ \_\_\_\_\_

**Method of Payment :**

- I enclose a certified cheque / money order made out to "RCTC Corporation"
- Charge my credit card (Charges on your statement will appear as "RCTC Corporation")

**I authorize RCTC Corp to charge my card the above TOTAL amount.**

\_\_\_\_\_ signature here

- Visa
- MasterCard
- AMEX

Card Number:

Exp. Date (mm/yy):

\_\_\_\_\_ / \_\_\_\_\_

CCard Billing Address: \_\_\_\_\_ street address

Cardholder Signature:

\_\_\_\_\_ city state/province zip/postal code

\_\_\_\_\_

**4. Terms and Conditions:**

By using the services of RCTC Corp., I authorize the company to handle my personal information and my passport and to hand over such passport and information to a foreign diplomatic mission in Canada or the USA for the purpose of acquiring a visa. By using the services of RCTC Corp I am accepting in whole the following terms and conditions and limitations: RCTC Corp. cannot and does not guarantee a visa will be issued by a diplomatic office, as this is the sole prerogative of the foreign government. RCTC Corp. is not responsible for the safety or security of your passport once the passport has entered the diplomatic grounds or passed into the control of the courier. RCTC Corp. is not liable for any stolen or lost passport, and has no liability for late delivery of passports and visas, and RCTC Corp. does not bear any financial, legal or other obligations whatsoever for client ticket or other purchases, down payments, bookings or any kind of travel or other arrangements that were done prior to the issuance of visa or that may be affected by processing times or denial of visa. Likewise, RCTC Corp. does not bear any financial (or otherwise) responsibility from issues arising from errors and improper issuance of visas by the consulates; for losses resulting from, and does not compensate for travel expenses arising from any of the above. RCTC Corp. will charge \$50.00 per passport for cancelled visa applications. **I understand and fully accept the abovementioned.**

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Major credit cards accepted



# VISA APPLICATION

(APPLICATION FOR UKRAINE ENTRY CLEARANCE)

Please, complete - print or write in printing letters - the form

cross the boxes where applicable

Submit with this form:

- current passport
- one photograph
- the consular fee receipt

1. SURNAME (as written in your passport)

2. FULL NAME (as written in your passport)

3. OTHER NAMES OR SURNAMES USED IN THE PAST

4. DATE OF BIRTH

day month year

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country

town



5. SEX

female

male

6. NATIONALITY

present

former (if any)



7. PERSONAL NUMBER \*

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8. ADDRESS OF PERMANENT RESIDENCE (country, postal code, town, street, building #, apt #).

9. PASSPORT DETAILS

type

number

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date of issue

valid until

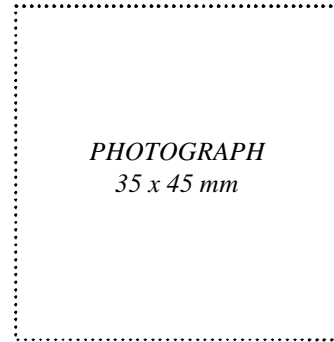
day month year

day month year

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issuing authority



FOR OFFICE USE ONLY

A

1

2

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J

\* With respect to item #7 requesting a personal number, the applicant's social security or driver's license number should be supplied.

## 10. MARITAL STATUS

single

married

divorced

widowed

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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## 11. DID YOU SUFFER FROM ANY INFECTIOUS DISEASE DANGEROUS FOR PUBLIC HEALTH?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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## 12. HAVE YOU EVER BEEN CHARGED OF ANY CRIMINAL OFFENCES ANYWHERE

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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## 13. HAVE YOU EVER BEEN LIMITED OR PROHIBITED FROM AN ENTRY TO UKRAINE

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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“YES”, PLEASE SPECIFY WHERE

## 14. HAVE YOU EVER BEEN DEPORTED OR REMOVED FROM UKRAINE

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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## 15. PURPOSE OF YOUR JOURNEY

## 16. DURATION OF STAY IN UKRAINE

number of days      month

<input type="text"/>	<input type="text"/>
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## 17. DATE OF PROPOSED ENTRY TO UKRAINE

day      month      year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## 18. POINT OF ENTRY TO UKRAINE

## 19. MEANS OF TRANSPORT FOR ENTRY TO UKRAINE

## 20. NAME AND ADDRESS OF ORGANIZATION WHICH INVITES

NAME AND ADDRESS OF PRIVATE PERSON WHO INVITES

## 21. CITIES IN UKRAINE YOU INTEND TO VISIT

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## 22. ADDRESS OF TEMPORARY RESIDENCE IN UKRAINE

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## 23. IN CASE OF NEED WHO WILL GIVE YOU FINANCIAL SUPPORT

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## 24. CHILDREN UNDER 16 YEARS INCLUDED ON YOUR PASSPORT AND WHO WILL TRAVEL WITH YOU TO UKRAINE

surname	name	place of birth	date of birth			nationality
			day	month	year	

## 25. IF YOU HAVE BEEN TO UKRAINE, INDICATE THE DATE OF LAST VISIT

day	month	year

## 26. VISA REQUESTED FOR:

single entry <input type="checkbox"/>	double entry <input type="checkbox"/>	multiple entry <input type="checkbox"/>
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THIS PART IS TO BE COMPLETED IN CASE OF TRANSIT THROUGH THE TERRITORY OF UKRAINE

27. COUNTRY OF DESTINATION

28. MEANS OF TRANSPORT TO THE POINT OF DEPARTURE FROM UKRAINE

29. DO YOU HAVE AN ENTRY CLEARANCE FOR THE DESTINATION

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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30. PLACE OF PROPOSED DEPARTURE FROM UKRAINE TO THE DESTINATION

31. DATE OF PROPOSED DEPARTURE FROM UKRAINE

day month year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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32. ADDITIONAL INFORMATION

*I do hereby confirm that I have read and understood everything stated above. I declare that the information given by me in this application to the best of my knowledge is true. I am aware that untruthful data presented by me in this application may serve as a reason to refuse the issue of Ukraine's entry visa and to refuse me to enter Ukraine even in the case the entry visa has been issued.*

*I also know that in the case I am refused to enter Ukraine I am not entitled for any refund of expenses by me.*

PLACE OF SUBMISSION

DATE OF SUBMISSION

day month year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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APPLICANT'S SIGNATURE

## **CHECK-LIST (Ukraine Visa)**

- Valid passport (Valid at least for 6 months from departure date & with min. 3 empty pages).
- Completely filled out **application form**. Please fill out the application and **sign** before sending.
- one passport size photo (35mm x 45mm) against white background with neutral face expression.
- If you are the holder of other than Canadian passport, then proof of valid resident status in Canada
- a prepaid **FedEx/UPS/DHL/Purolator** envelope if you need your passport couriered back to you. Alternatively, add \$25 to the total price for courier delivery within Canada or \$35 for US.
- Payment: request to charge your credit card, or certified cheque, or money order payable to **RCTC Corp** for the specified amount, depending on visa type and delivery.
- Filled-out and signed informational sheet and credit card authorization (if paying by credit card)
- Check-List

### **OUR MAILING ADDRESS: ->**

We recommend to use FedEx, UPS, DHL, Purolator

**RCTC Corp. (VisaCenter.ca)  
1000 Finch Ave. West, Suite 900  
Toronto, ON, M3J 2V5,  
Canada  
Toll-Free: 1-866-334-0811**