



**Embajada de la República
de Cuba
Addis Ababa**

**Embassy of the Republic
of Cuba
Addis Ababa**

SOLICITUD DE VISADO

VISA APPLICATION FORM

1.NAME (S): _____ 2.LAST NAME (S): _____
3. SEX: M _____ F _____ 4. DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____
5. PLACE OF BIRTH: _____ 6.COUNTRY OF BIRTH: _____
6. PRESENT CITIZENSHIP: _____ FORMER CITIZENSHIP (IF ANY) _____
7. CIVIL STATUS: SINGLE _____ MARRIED _____ WIDOW (ER) _____
8. PROFESSION: _____ 9. PRESENT OCCUPATION: _____
10. PRESENT ADDRESS: _____

11. PASSPORT No.: _____ 12. ISSUED AT: _____
13. ISSUED BY: _____
14. TYPE OF PASSPORT: DIPLOMATIC _____ OFFICIAL/SERVICE _____ ORDINARY _____
15. DATE OF ISSUED: DAY _____ MONTH _____ YEAR _____ 16. DATE OF EXPIRIES: DAY _____ MONTH _____ YEAR _____

17. PORPOSE OF VISIT TO CUBA: _____
18. PROPOSED DATE OF TRAVEL TO CUBA: _____
19. ANY REFERENCE IN CUBA: _____
20. ANY PREVIOUS VISIT TO CUBA (WHEN & REASON): _____
21. MEANS OF SUBSISTENCE DURING YOUR STAY IN CUBA: _____
22. DATE OF EXPECTED DEPARTURE FROM CUBA: _____

My signature binds me and makes me liable to prosecution in case of false declaration, and to refusal of any visa to Cuba in the future.

ADDIS ABABA (DATE): _____

SIGNATURE: _____

FOR OFFICIAL USE ONLY
VISA No.: _____
CLASIF. : _____
FECHA : _____

