

# EMBASSY OF TURKMENISTAN – CONSULAR SECTION

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**IMPORTANT!** Implementation of the following few additional steps is essential in order to process quickly your Application. Please read instructions also posted on our webpage and make changes as necessary before submitting to the Embassy. The information provided with the forms will be reflected in your visa and any corrections/changes afterwards may be highly time, effort and resource consuming. It may also lead to total decline of your Application or in certain cases to deportation upon arrival and annulment of your visa. **2 Applications per Applicant!** Please **do not fold or otherwise deteriorate the Application Forms** as they will not be admitted for processing. Forms must be filled in duly, without corrections, preferably typed or printed, **all fields** must be answered (enter "n/a" where applicable). **Recent identical photos of max. 6 months old** must be glued to each Application Form. Fees must be of exact amount in US funds, unless waived. Declined checks/ MOs subject to \$25 return fee.

PHOTO

Please glue,  
do not  
staple!

Maximum  
Size 1.5 x 2 in.

<b>Do not write or mark in this area! Resmilesdirilen wizanyň:</b>			
№	Senesi:	Möhleti:	
Bahasy:		Esasy: №	Senesi:

## Visa Application Form

<b>1</b>	Surname/Last Name:	<b>2</b>	Name, Given Name(s):															
<b>3</b>	Any Other Name(s) used before: (e.g. before marriage)	<b>4</b>	Date of Birth: (dd-mm-yyyy) <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>															
<b>5</b>	Place of Birth:	<b>6</b>	Current Citizenship:															
<b>7</b>	Citizenship at Birth:	<b>8</b>	Sex:	<b>9</b>	Family Status: <i>(e.g. single, married, widowed, separated, divorced)</i>													
<b>10</b>	Type of Passport: <i>(e.g. diplomatic; official/service; ordinary)</i>	<b>11</b>	Other Travel Document if none in #10 is applicable: <i>(in accordance with 1951 Convention)</i>															
<b>12</b>	Passport #:	<b>13</b>	Valid from:	to:														
<b>14</b>	Issuing Authority/Agency:																	
<b>15</b>	Children/Dependents included on your passport and traveling with you:																	
	<i>Full Name as written in Passport</i>	<i>Date of Birth: (dd-mm-yyyy)</i>	<i>Place Birth</i>															
1																		
2																		
3																		
4																		
5																		
<b>16</b>	Type of Visa: (check <b>all</b> appropriate boxes)		Individual:	Group:														
<b>a</b>	Diplomatic	<input type="checkbox"/>	<b>f</b>	Student	<input type="checkbox"/>													
<b>b</b>	Official (service)	<input type="checkbox"/>	<b>g</b>	Tourist	<input type="checkbox"/>													
<b>c</b>	Business	<input type="checkbox"/>	<b>h</b>	Medical	<input type="checkbox"/>													
<b>d</b>	Private	<input type="checkbox"/>	<b>i</b>	Driver	<input type="checkbox"/>													
<b>e</b>	Transit	<input type="checkbox"/>	<b>j</b>	Other	<input type="checkbox"/>													
<b>17</b>	Number of Entries and Duration of Stay:		<b>a</b>	Single	<input type="checkbox"/>													
	<b>e</b>	Number of days	<input type="checkbox"/>															
	<b>b</b>	Double	<input type="checkbox"/>	<b>f</b>	Number of months													
	<b>c</b>	Triple	<input type="checkbox"/>	<b>g</b>	Number of years													
	<b>d</b>	Multiple	<input type="checkbox"/>															
<b>18</b>	Date of Entry: (dd-mm-yyyy)		<b>19</b>	Date of Exit: (dd-mm-yyyy)														
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<b>20</b>	<b>Mean(s)/Type(s) of Transportation</b> <i>(e.g. airplane, car, train, ferry, combination of all or some, other)</i>		
<b>21</b>	<b>Number of Previous Trips to Turkmenistan:</b>	<input type="text"/>	<b>If any, provide Date(s):</b>
<b>22</b>	<b>a</b>	<b>Current Employment:</b> <i>(Job Title, Position, Profession)</i>	<b>b</b> <b>Employed since:</b> <i>(mm-yyyy)</i> <input type="text"/>
	<b>c</b>	<b>Affiliation:</b> <i>(complete name &amp; postal address)</i>	
	<b>d</b>	<b>Tel., Fax, E-mail, Webpage, etc.:</b>	
<b>23</b>	<b>a</b>	<b>Permanent Residence Address in full :</b>	
	<b>b</b>	<b>Tel., Fax, E-mail, Webpage, etc.:</b>	
<b>24</b>	<b>Annual income</b> <i>(in USD)</i>	<b>25</b>	<b>Amount &amp; Type of Funds Available for This Trip:</b> <i>(cash, etc.)</i>
<b>26</b>	<b>Who will pay for this trip?</b>		
<b>27</b>	<b>Where will you stay in Turkmenistan?</b> <i>(complete postal address)</i>		
	<b>Tel.</b>	<b>Fax:</b>	<b>29</b> <b>His/Her Citizenship:</b>
<b>28</b>	<b>Name(s) of Host/Sponsor/Contact:</b>		
<b>30</b>	<b>Additional information, if any, related to you or your trip that you think may be useful in consideration of your application:</b>		
<b>31</b>	<p><b><u>Declaration:</u></b></p> <ul style="list-style-type: none"> <li>- I confirm that all information provided in this Application Form is correct to the best of my knowledge.</li> <li>- I am aware that any false statement(s) can lead to denial to enter/deportation from Turkmenistan even if I have valid visa.</li> <li>- In case of my/accompanying me person's denial to enter/deportation from Turkmenistan, I/we have no claim(s) to compensation.</li> <li>- I am aware that any false or incomplete statement(s) will lead to denial to obtain visa in future and may also render me liable to prosecution under the local law.</li> <li>- I do realize that myself and person(s) accompanying me are to leave Turkmenistan upon expiration of my/our visa.</li> <li>- I have read these provisions of Turkmenistan's Foreign Visitors Act governing the entrance, stay and leave by foreign nationals and under its penalty I undertake to follow them.</li> </ul>		
<b>32</b>	<b>Signature:</b>		
<b>33</b>	<b>Date:</b> <i>(dd-mm-yyyy)</i> <input type="text"/>		