



EMBASSY OF THE FEDERAL REPUBLIC OF YUGOSLAVIA
2410 CALIFORNIA ST., N.W. WASHINGTON D.C. 20008-1679
PHONE: 202-462-6566 • FAX: 202-462-2508

V I S A A P P L I C A T I O N

1. Last name: _____ Middle name: _____ First name: _____
2. Date & place of birth: _____ Sex _____
3. Nationality: _____ Occupation: _____
4. Passport no: _____ Date & place of issue: _____ Valid until: _____
5. Persons traveling on the same passport:
Full name: _____ Date & place of birth: _____ Relationship: _____

6. Permanent address: _____ Tel.no. _____
7. Present address (if different from permanent): _____ Tel.no. _____
8. Expected date of entry into FRY: _____ & of exit from FRY: _____
9. Purpose of visit: _____

10. Previous residence of visit in FRY: _____
11. If travelling on business, please list names & addresses of firms and persons to be contacted in FRY: _____

12. If travelling private or as a tourist please list names and addresses of persons to be visited: _____

13. If travelling on business purposes please send to the Embassy the invitation letter from Yugoslavia, as well as the official letter of your company in U.S. stating what kind of business you want to perform and how long you cooperated with the Yugoslav firm.

Applicant's signature: _____
Date & place: _____

FOR OFFICIAL USE ONLY

Visa granted/denied

Number: _____

Date of issue: _____

Signature of author.