



Photo

Stamp Embassy or
Consulate**Application for Visa**

This application form is free

1. Surname(s) (family name(s))			FOR EMBASSY/ CONSULATE USE ONLY Date application: File handled by: <input type="checkbox"/> Valid passport <input type="checkbox"/> Financial means Valid until <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Health insurance <input type="checkbox"/> Other :														
2. Father's name																	
3. First names (given names)																	
4. Date of birth		5. Place and country of birth															
6. Current nationality		7. Original nationality (nationality at birth)															
8. Number of passport		9. Issued by															
		10. Date of issue															
11. Current occupation		12. Employer's address and telephone number															
13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		14. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other															
15. Spouse's name and surname		16. Spouse's date / place of birth															
		17. Spouse's nationality															
18. Children <table border="1"> <thead> <tr> <th>Surname</th> <th>Name</th> <th>Date of birth</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> </tbody> </table>			Surname	Name	Date of birth	1.			2.			3.			4.		
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1.																	
2.																	
3.																	
4.																	
19. Type of visa <input type="checkbox"/> Individual <input type="checkbox"/> Collective		20. Type of Visa : <input type="checkbox"/> Airport transit <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay															
		21. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries															
22. Other visas for Cyprus / Schengen States		23. Purpose of travel															
24. Date of arrival		25. Date of departure															
26. Persons for recommendation during the stay / Address and telephone																	
27. Means of support during your stay <input type="checkbox"/> Cash <input type="checkbox"/> Travellers' cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Hosted guest <input type="checkbox"/> Prepaid tourist package <input type="checkbox"/> Other (specify)																	
28. Present address and telephone number																	
29. Place and date		30. Signature															

Declaration

I the undersigned Passport Number
address.....telephone number..... employed by.....hereby
declare that I am travelling to the Republic of Cyprus from the (date) to the
..... for tourism purposes and not for work purposes or assistance in any
companies without the relevant permission from the Competent Authorities of the Republic of
Cyprus. I will be staying at for the duration of my stay.

I also declare that I have not been placed on the Stop List and have not been denied
entry into the Republic of Cyprus.

I declare that the above information supplied is correct and I and have no intention of
working illegally in the Republic of Cyprus.

WITNESS 1.....

WITNESS 2.....

SIGNATURE

Name in Full.....

Date and place.....

Company Name.....



**HIGH COMMISSION OF THE REPUBLIC OF CYPRUS
PRETORIA**

AUTHORISATION OF REPRESENTATIVE

I the undersigned, authorise Mr/Ms.....
with ID no, to submit and/or receive on my behalf any
letter, application, passport, ID or any other official document and to process any necessary
actions resulting from the above, in connection with the competencies of the Civil Registry
and Migration Department or/and the High Commission of the Republic of Cyprus. It is
noted that this authorization is valid for 5 working days, unless it is revoked/replaced by me
earlier.

A certified copy of the ID of the authorized person is attached herewith.

Name of person authorizing

ID Number

Signature of person authorizing

Contact details of authorizing person

Date:

Certification*:

*In case the person authorizing is present in the Republic of Cyprus the certification is done by a notary public. In case this person is not present in the Republic of Cyprus the signature certification is done by a certifying officer and is certified by the competent consular authority of the Republic of Cyprus, or the signature is directly certified by the competent consular authority of the Republic of Cyprus.

This document along with its attachments can be faxed (+27 12 34 25 598) to the High Commission or emailed (secretary.cyemb@gmail.com) as well.

Assumption of Responsibility for Hosting

I, the undersigned

Surname:

Name:

Place and date of birth:

Nationality:

Passport / I.D. Number:

Address:

Salary:

Diplomatic Mission to examine the application:

Assume full responsibility vis-à-vis the Authorities of the Republic of Cyprus to:

(a) Host ----- and cover all accommodation, maintenance and possible medical expenses.

(b) Ensure that the person I will be hosting will depart before or on the expiration date of his visa.

(c) Inform the Authorities in case the alien remains in Cyprus illegally.

Hosted person details:

Surname:

Name:

Sex:

Place and date of birth:

Nationality:

Passport number:

Address:

Relation to the person to be hosted:

He / She will be accompanied by his / her wife / husband:

He / She will be accompanied by his / her child(ren):

From..... Until.....

Hosting address (if different from the host's address):

Signature:

Date:

Place:

Stamp:

REQUIREMENTS

- This form must be completed by the Cypriot national or resident of Cyprus hosting the foreign national.
- This form must be signed before a Certifying Officer of the Republic of Cyprus, and certified accordingly.
- It must be accompanied by a photocopy of the host's passport/id card and residency permit where applicable.