



Embajada de Cuba en Noruega

FOTO

VISA APPLICATION FORM

Family Name			Given name			Middle name		
Birth date			Country of birth			Sex	Marital status	
Year	Month	Day						
Passport No.			Issue date			Expiry date		
			Year	Month	Day	Year	Month	Day
Citizenship			Cuban contact details					
Telephone/email in Cuba								
Reasons for the trip								
Address in Cuba								
Length of stay			Date of departure from Norway			Port of departure to Cuba		
			Year	Month	Day			
Full permanent address								
Telephone				E-mail				
Previous visit								
Applicant					Application			
Signature: _____					Date: _____			