CONSULADO GENERAL DE LA REPUBLICA DE CUBA
AUSTRALIA

PLEASE ATTACH PHOTO

VISA APPLICATION
($135AUD) or ($175AUD *)

☐ **Family** ☐ **Technician/Scientific** ☐ **Business**
☐ **Artist** ☐ **Journalist** ☐ **Student**
☐ **Sport** ☐ **Medical treatment** ☐ **Other**

Complete this form and include:

- Your passport (valid for at least 6 months)
- One recent Passport size photo,
- Invitation letter from an entity in Cuba
- A prepaid self-addressed envelope (Registered or Express preferred)
- Application fee of $40.00 cash, money order or **Bank cheque** (payable to: Consulate General of the Republic of Cuba). **We do not accept Personal or Company Cheques**

Once the visa has been approved an additional fee of $95.00 will need to be payed for the issuing of the visa.

▫Please use **BLOCK** letters ▫Please complete all fields

*** PLEASE NOTE: ALL CONSULAR SERVICES CARRIED OUT VIA POST OR COURIER ATRACT AN ADDITIONAL NON-PERSONAL TRANSACTION FEE OF $40AUD. URGENT VISAS ARE AVAILABLE FOR AN ADDITIONAL FEE OF $40.00**

BY MAIL	**IN PERSON**
Consulate General of the Republic of Cuba PO Box 2382 Strawberry Hills NSW 2012	Applications can be lodged Tuesday to Friday, between 9:00am and 1:00pm at: 128 Chalmers Street, Surry Hills,NSW 2010

SURNAMES: _____

GIVEN NAMES: _____

CITIZENSHIP: _____ MARITAL STATUS: _____ SEX: _____

DATE OF BIRTH: ____ ____ ____ ____ ____ ____ ____ ____ COUNTRY OF BIRTH: _____

PASSPORT #: _____ EXPIRING DATE ____ ____ ____ ____ ____ ____

OCCUPATION _____ Highest Level of Education _____

HOME ADDRESS: _____

TELEPHONE: _____
Home Work Mobile Fax

EMAILS _____
Personal Work

REASON FOR TRAVEL _____

PERSON OR ENTITY YOU ARE DEALING WITH IN CUBA: _____

_____ ADDRESS _____

TEL: _____ FAX: _____ EMAIL: _____

DATE OF DEPARTURE FROM AUSTRALIA: _____

COUNTRY & DATE OF DEPARTURE FOR CUBA: COUNTRY _____ D _____ M _____ Y _____

DATE OF DEPARTURE FROM CUBA: DAY_____ MONTH_____ YEAR_____

NAME OF HOTEL OR ADDRESS IN CUBA: _____

LENGTH OF STAY: _____ PREVIOUS TRIPS TO CUBA: Yes ☐ No ☐

PREVIOUS TRIP : _____ D_____ M _____Y _____
Reason of last Visit Date of Last Visit

SIGNATURE: DATE:

Collected by: (Office use only)

Print: Signature: Date: / /

Tel: (02) 9698 9797 **Fax**: (02) 8399 1106 **E-mail**: asiscuba@cubamission.com **Web**:http//embacuba.cubaminrex.cu/australiaing