



VISA APPLICATION

IMPORTANT! Please type or print using ballpoint

I declare that data supplied by me is correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under Russian law. I undertake to leave the territory of the Russian Federation upon the expiry of the visa, if granted. I understand that possession of a visa does not entitle its bearer to enter Russia. I will not seek compensation if I am refused to enter Russia.

** - not to be filled by holders of diplomatic and official passports

1. Nationality (if you formerly had USSR or Russian citizenship, please indicate when and why you lost it) USA		6. Purpose of visit BUSINESS	
2. Last name (as in passport) EPSTEIN		7. Category and type of visa BUSINESS	
3. First and middle names (as in passport) JEFFREY EDWARD		8. Number of entries Single entry <input type="checkbox"/> Double entry <input type="checkbox"/> Multiple entry <input checked="" type="checkbox"/>	
4. Date of birth (dd/mm/yy) 20/01/53	5. Sex M <input checked="" type="checkbox"/> F <input type="checkbox"/>	9. Date of entry in Russia 18 01 11 (dd/mm/yy)	10. Date of departure from Russia 18 01 12 (dd/mm/yy)
11. Passport No 469911707 Issued by US DEPARTMENT OF STATE		Date of issue (dd/mm/yy) 27/05/10 Valid until (dd/mm/yy) 26/05/20	
12. Type of passport diplomatic <input type="checkbox"/> official <input type="checkbox"/> tourist <input checked="" type="checkbox"/> other <input type="checkbox"/> please specify			
13. Russian institution or organization to be visited? (for tourists - name and reference number of the host tourist company, for businessmen - name of the host organization and town, for private persons - last name, first name, middle names and home address of the host) МОУ ВЫМПЕЛ, МОСКВА			
14. Itinerary (places of visit) MOSCOW			
**15. Do you have a medical insurance valid in Russia? yes <input checked="" type="checkbox"/> Please specify? UNITED HEALTHCARE no <input type="checkbox"/>			
16. Who will pay for your trip to and stay in Russia? SELF			
17. Marital status married <input type="checkbox"/> single (never married) <input checked="" type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widowed <input type="checkbox"/>			
18. Spouse's full name (if divorced or separated, please indicate maiden name if applicable)			19. Spouse's date of birth (dd/mm/yy)
20. Spouse's place of birth			
**21. Your father's full name SEYMOUR EPSTEIN		**22. Your mother's full name PAULA EPSTEIN	
23. Have you ever been issued a Russian visa? (When and where?) YES 2002 NYC, 2003 NYC, 2004 NYC 2006 NYC, 2007 NYC			
**24. Has your passport ever been lost or stolen? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>			
**25. List all countries you have visited in the last ten years and indicate the year of visit ENGLAND, FRANCE, SPAIN, GERMANY, RUSSIA, SWEDEN, CZECH REPUBLIC, GREECE, THAILAND, INDONESIA, CUBA		**26. List all countries which have ever issued you a passport USA	
**27. List your last two places of work, excluding the current one			
1. Name EPSTEIN INTERESTS Address 457 MADISON AVE NEW YORK, NY 10022 Your position CHAIRMAN		Phone number 2127509895 Your chief's surname SELF Dates of joining - dismissal 1991 (mm/yy) Present (mm/yy)	
2. Name FLORIDA SCIENCE Address 250 S.AUSTRALIAN AVE W PALM BEACH, FL 33401 Your position PRESIDENT		Phone number 5613660084 Your chief's surname INDYKE Dates of joining - dismissal 2007 (mm/yy) Present (mm/yy)	

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****28. List all educational institutions you ever attended, except high schools**

1. Name COOPER UNION	Address and phone number 51 ASTOR PLACE NYC 212-353-4195
Course of study PHYSICS	Dates of admission and graduation 09/69 (mm/yy) 1971 DN (mm/yy)
2. Name	Address and phone number
Course of study	Dates of admission and graduation (mm/yy) (mm/yy)

****29. List all professional, civil and charity organizations which you are / were a member of or cooperate / cooperated with**

**TRILATERAL COMMISSION, HARVARD,
THE EDGE GROUP**

****30. Do you have any specialized skills, training or experience related to fire-arms and explosives or to nuclear matters, biological or chemical substance? If yes, please specify**

NO

****31. Have you ever performed a military service? If yes, indicate the country, branch of service, rank, military occupation and dates of service**

NO

****32. Have you ever been involved in an armed conflicts, either as a member of the military service or a victim? If yes, please specify**

NO

33. IMPORTANT! EACH APPLICANT MUST READ AND GIVE ANSWERS TO THE FOLLOWING QUESTIONS

A visa may be refused to persons who are within specific categories defined by the law as inadmissible to Russia.

Have you ever been arrested or convicted for any offence? yes <input checked="" type="checkbox"/> When? (dd/mm/yy) 06/29/07 Where? FLORIDA, USA no <input type="checkbox"/>
Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder? Have you ever been a drug abuser or an addict? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Have you ever been refused a Russian visa? yes <input type="checkbox"/> When? (dd/mm/yy) Where? no <input checked="" type="checkbox"/>
Has your Russian visa ever been canceled? yes <input type="checkbox"/> When? (dd/mm/yy) Where? no <input checked="" type="checkbox"/>
Have you ever tried to obtain or assisted others to obtain a Russian visa or enter Russia by providing misleading or false information? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Have you ever overstayed your Russian visa or stayed unlawfully in Russia? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Have you ever been deported from Russia? yes <input type="checkbox"/> When? (dd/mm/yy) Where? no <input checked="" type="checkbox"/>

Your answer yes in item 33 does not automatically signify ineligibility for a visa. In this case you may be required to personally appear before a consular officer.

34. Name, address and phone number of a person or hotel in Russia that you plan to stay with

**HYATT HOTEL
4 NEGLINNAYA ST MOSCOW 109012**

35. Has this application been completed personally by you? If no, indicate the person completing this application in item 36 yes no



I agree to my personal data on this application form being processed and communicated to the appropriate Russian authorities for the issue of a visa.

Date (dd/mm/yy), applicant's signature

37. Other names ever used (maiden name, pen-name, holy cross, etc.)

38. Your permanent address, phone and fax number, E-mail
**LSJ/6100 RED HOOK SUITE B3
ST. THOMAS, USVI 00802
340-775-2525**

39. Place of birth (if born in Russia, please indicate when and what country you emigrated to)
NEW YORK, USA

40. Place of work or study, present position (name, address, phone and fax numbers, E-mail)
**FINANCIAL TRUST COMPANY, 340 775 2525
6100 RED HOOK QUARTERS B3, ST. THOMAS USVI**

41. Are any of your relatives staying in Russia now?
(full name, relation degree, date of birth, permanent address) **NO**