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o/Warszawa tel.: 22 828 13 04
o/Kraków tel.: 12 421 23 21
o/Poznań tel.: 61 307 00 77
o/Wrocław tel.: 71 782 04 30
o/Trójmiasto tel.: 58 664 56 56
email: ct@aina.pl www.aina.pl

A. Personal data & Employment

1. Surname KOWALSKI
2. Given names JAN
3. Other names
(Name assumed/ previous/ maiden etc)
4. Date of birth 14.09.1965
5. Country of birth POLAND
6. Nationality POLAND
7. Sex X Male ☐ Female
8. Address
Street
City
Country
UL. MIŁA 24/13
01-201 WARSZAWA
POLAND
9. Phone/Fax
22 342 56 43
10. E-mail
jankowalski@gmail.com
11. Your father's full name LUDWIG KOWALSKI
12. Your mother's full name EWA KOWALSKA
13. Profession & Occupation
IT
14. Employer/University
MIAKO SP. Z O.O.
15. Employer/University's address
UL. WILCZA 15/5
01-021 WARSZAWA
16. Phone/Fax 22 324 54 34

B. Family record

17. Marital Status ☐ Single X Married ☐ Divorced ☐ Widowed
18. Spouse's name
ELIZA KOWALSKA
19. Spouse's Nationality
POLAND

Children (Complete this section if children included on your passport and traveling with you)

20. Names	21. Date & place of birth	22. Nationalities
JULIA KOWALSKA	12.02.1990 WARSZAWA	POLAND
WOJCIECH KOWALSKI	04.09.1993 WAWRSZAWA	POLAND
KLAUDIA KOWALSKA	03.12.1998 WARSZAWA	POLAND

C. Passport

23. Type ☐Diplomatic ☐Official XOrdinary	24. Number AB 1243243	25. Issuing authority WOJEWODA MAZOWIECKI
26. Date of Issue 12.03.2009	27. Validity 10 YEARS	28. Place of issue WARSAW

29. Dependents included on your passport (if different from above)

D. Purpose

30. Purpose of stay (explain details)
TIURIST

31. Do you have work permit or acceptance for study in Mongolia?
NO

Recent Passport Photograph

Please, do not staple!

FOR OFFICIAL USE ONLY

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ÄÒÃ-ûí êîä ☐☐

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ÃÕß-íû çºâøººðºë
Äóãààð :
Îãíîî :
ÃÈÕÀÝÀ-íû çºâøººðºë
Äóãààð :
Îãíîî :
Áóñàä ¿íäýñëýë:

Á. Øèéäâýð
Îëãîõ âèçèéí àíãëàë

ßëãàà
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☐òðàíçèò
☐õîˌð óäàà òðàíçèò
☐îðîõ/ãàðàõ

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o/Trójmiasto tel.: 58 664 56 56
email: ct@aina.pl www.aina.pl

	32. Reference in Mongolia Name Address Phone	33. Address & Phone (during your stay) UŁAN BATOR EAST CROSS ROAD +976(11)463463	☐õîˌð óäàà îðîõ/ãàðàõ ☐îëîí óäàà îðîõ/ãàðàõ 6 ñàð / 1 æèë (*äîîãóóð çóó*)
	34. Means of support (during your stay) ☐Cash XCredit Card ☐Other	35. Proposed duration of stay 4 WEEKS	_____ ãàðûí ¿ñýã
	36. Entry permit for the final country of destination (for transit passengers only)		
	37. Arrival date 27.04.2011	38. Departure date 27.05.2011	39. Means of transport AIRPLANE
E. Visa	40. Visa requested: ☐ Entry ☐Transit ☐ Double Transit X Entry& Exit ☐ Double Entry & Exit ☐Multiple Entry & Exit		

F. Background info	41. Have you visited Mongolia before?	☐ Yes X No	If yes, please give dates and lengths of each stay
	42. Have you ever been refused a visa or entry	☐ Yes X No	If yes, please explain the reasons.
	43. Have you ever been deported or required to leave Mongolia?	☐ Yes X No	If yes, please give the details
	44. Have you ever been deported from another country?	☐ Yes X No	If yes, please give details.
	45. Have you ever had any infectious disease?	☐ Yes X No	If yes, please give details.
	46. Have you done HIV test during the last six months?	☐ Yes X No	If yes, please give the results.
	47. Emergency contact in applicant's country	Name JADWIGA MAŁA Address UL. WĄSKA 21/32 Phone / Fax 22 387 45 32	
G. Commitments	✓ I declare that to the best of my knowledge the above particulars are 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. Note: The alien shall get registered within first week after his/her arrival in Mongolia at the Immigration and Naturalization Office and get deregistered before the departure at same office, if his/her stay lengths over thirty days.		

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H. Applicants statement	
J. Control sector	*Ýíý õýñýãò âèçèéí õóóäàíû òàñàëààðûã íàäíà* *Òóñãàé òýìäýãëýë*

Place __WARSAW_____ Date _02.05.2011_____

Applicant's signature _____JAN KOWALSKI_____
(In case of minors, signature of parents or guardian)