



HOTEL
PETER I

Please, fill in this application form for visa support (voucher) arrangement and send it back to the Hotel by fax: + 7 (495) 628 81 11, + 7 (495) 621 37 94 or by e-mail: reservations@hotel-budapest.ru

APPLICATION FORM FOR THE RUSSIAN VISA

YOUR HOTEL:

YOUR RESERVATION NUMBER:

YOUR FAX NUMBER:

YOUR E-MAIL:

FAMILY NAME:

FIRST NAME:

SEX: MALE FEMALE

DATE OF BIRTH:

CITIZENSHIP:

PASSPORT NUMBER:

DATE OF EXPIRY:

DATE OF ARRIVAL:

DATE OF DEPARTURE:

I HEREBY AUTHORIZE THE HOTEL TO CHARGE MY CREDIT CARD WITH THE FOLLOWING AMOUNT OF 800 ROUBLES FOR VISA SUPPORT LETTER HAD BEEN PROVIDED.

Your credit card details:

Type of your credit card _____

Number of the credit card _____

Valid till _____ amount of the service 800 roubles

Signature of the cardholder _____

Please attach a photocopy of both sides of the credit card

