

ST PETERSBURG

| FAX NO: | | DATE: |
|---|--------------------------------------|--|
| FROM. | Corinthia Hotel St Petersburg Russia | Neskij pr-t 57, ST-Petersburg, 191025, |
| | +7 812 3801938/37 | TOTAL NO. OF PAGES: 1 |
| VISA request form for Corinthia Hotel St Petersburg | | |
| TO: Dates of stay FAX: | In | Out |
| If visa Support letter is required, please advise us with the following information: | | |
| Mr./ Mrs. | Last Name: | |
| | First Name: | |
| | (Full name & separate from for | each guest) |
| Citizenship: | | |
| Passport number: | | |
| Date of birth: | | |
| Male: | Female: | |
| Credit card number (Master Card, Visa, DC,AMEX, Eurocard | d) | |
| Expiration date: | | |
| Arrival date | Departure | date |
| Please note, the amount of EURO 60 per person will be charged automatically for the above services, in case of cancellation or non-arrival. I understand that this charge is not refundable, in case of non-arrival or cancellation. | | |
| Signature of CC holder: | | |
| Date: | | |
| Please advise your fax number: Your confirmation number | | |
| PLEASE FILL THIS FORM IN AND SENT TO + 7 812 3801938. THANK YOU. | | |