

# Data Collect Form Cuba



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## Applicant

Name:	<input type="text"/>
Firstname:	<input type="text"/>
Date of birth: (DD/MM/YYYY)	<input type="text"/>
Country of birth:	<input type="text"/>
Citizen ship:	<input type="text"/>
Passport number:	<input type="text"/>
Address in Cuba:	<input type="text"/>
Country in which you currently live:	<input type="text"/>
Place of departure:	<input type="text"/>

Date: \_\_\_\_\_

Signature: \_\_\_\_\_