



KINGDOM OF CAMBODIA
Nation Religion King
VISA APPLICATION FORM

One photo
of applicant
and of each
child

Please fill the form with 1 photos and the original passport

Surname:		Present occupation:				
First name:		Place of residence:				
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>						
Date of birth: Day Month Year		Fax/Phone:				
Place of birth:						
Birth nationality:		Workplace:				
Present nationality:						
Passport or traveling document is valid for (country):		Purpose of visit <input type="checkbox"/> Diplomatic <input type="checkbox"/> Tourist <input type="checkbox"/> Official <input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify)				
Date of entry to Cambodia: Day Month Year						
Date of departure (length of stay)						
Point of entry:		Point of exit:				
Means of Transportation:		Means of Transportation:				
Address during the visit:		Organization, Persons to be visited :				
Passport No:		First trip to Cambodia: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Place of issue:						
Date of issue:		Travelling on group tour: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of expiration:						
Children under 12 years travelling with you	Surname	First name Patronymic	Sex		Date of birth	Permanent Address
			M	F		
Relatives in the Kingdom of Cambodia						

Applicant's Signature:	Date:
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(1) If any application form does not conform to the Embassy's instruction, it will be refused and returned to its destination.
 (2) It is imperative to provide the Embassy the applicant's telephone number for any further inquiries that may be required.

OFFICIAL USE ONLY	RECEIVER
Visa No: Date:	Name: Signature: Date: