



KINGDOM OF CAMBODIA
Nation Religion King
 ព្រះមហាក្សត្រ

VISA APPLICATION FORM

Photograph
4 x 6

ROYAL EMBASSY OF CAMBODIA

IN :

Please submit 1 copy with 1 photo and your passport

Surname:		Present occupation:			
First name:		Place of residence:			
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Fax: /Phone:			
Date of birth: Day.....Month.....Year.....					
Place of birth:					
Birth nationality:		Work Place:			
Present nationality:					
Passport of traveling document is valid for (country)		Purpose of visit <input type="checkbox"/> Diplomatic			
		<input type="checkbox"/> Tourist <input type="checkbox"/> Official			
Date of entry to Cambodia: Day.....Month.....Year.....		<input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify)			
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			
Place of issue:		<input type="checkbox"/> No			
Date of issue:		Traveling on group tour <input type="checkbox"/> Yes			
Date of Expiration:		<input type="checkbox"/> No			

	Surname	First name Patronymic	Sex		Date of birth	Permanent Address
			M	F		
Children under 12 years traveling with you			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Relatives in the Kingdom of Cambodia						

For official use

ថ្ងៃផ្តល់

ទីដ្ឋាការលេខ

ប្រភេទ

ថ្ងៃ ខែ ឆ្នាំ

ហត្ថលេខាបណ្ឌិតបណ្ឌិតបណ្ឌិតបណ្ឌិត

I hereby declare that the information
on this form is true and correct

Place, (Date).....

(Signature of the applicant)