

KINGDOM OF CAMBODIA Nation Religion King

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VISA APPLICATION FORM

Photograph 4 x 6

ROYAL EMBASSY OF CAMBODIA IN BRUSSELS

Please fill it in duplicate with 2 photos and 1 copy of passport

Surname :		Present occupation:				
First name:		Place of residence : Fax/Phone :				
Sex: Male □ Female □						
Date of birth: Day Month Year Place of birth:		Taxi none.				
Birth nationality : Present nationality :		Workplace:				
		Purpose of visit				
Passport or traveling document is valid for (country) all countries		☐ Tourist		☐ Official		
Date of entry to Cambodia Day Month Year Date of departure (length of stay)		□ Business	☐ Others (Please Specify)			
Point of entry : Means of Transportation :		Point of exit: Means of Transportation:				
Address during the visit:		Organization, Persons to be visited:				
Passport No: Place of issue: Date of issue: Date of Expiration:		First trip to Cambodia				
		Traveling on group tour				
Children under 12 years traveling with You	Surname	First name Patronymic	Sex M F	Date of birth	Permanent Address	
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					The state of the s	
Relatives in the Kingdom of Cambodia						
		44				
For official use			Lhereb	y declare that the	e information	
ថ្ងៃផ្តល់	on this form is true and correct					
ទំដ្ឋាការលេខ	Place, (Date)					
[htua	(Signature of the applicant)					
ថ្ងៃខែហំ						
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