



KINGDOM OF CAMBODIA

Nation – Religion – King



VISA APPLICATION FORM

Photograph
4 x 6

ROYAL EMBASSY OF CAMBODIA
TO REPUBLIC OF INDIA

Please fill in duplicate with 1 photo
and 1 copy of passport

Surname: _____		Present occupation: _____			
Given Name : _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Place of residence: _____ _____			
Date of birth: Day _____ Month _____ Year _____ Place of birth: _____		Fax/Phone: _____			
Birth Nationality: _____ Present Nationality: _____		Workplace: _____ _____			
Passport of traveling document is valid for (country) _____ Date of entry to Cambodia Day _____ Month _____ Year _____ Date of departure (length of stay) _____		Purpose of visit <input type="checkbox"/> Diplomatic <input type="checkbox"/> Tourism <input type="checkbox"/> Official <input type="checkbox"/> Business <input type="checkbox"/> 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 Expire _____		First trip to Cambodia <input type="checkbox"/> Yes <input type="checkbox"/> No Traveling on group tour <input type="checkbox"/> Yes <input type="checkbox"/> No			
Children under 12 years Traveling with you	Surname	First name Patronymic	Sex M F	Date of birth	Permanent Address
Relatives in Kingdom of Cambodia					

For Official Use

ថ្ងៃផ្តល់ _____

ទីដាក់ការលេខ _____

ប្រភេទ _____

ថ្ងៃទី _____ ខែ _____ ឆ្នាំ _____

ហត្ថលេខាប្រធានបន្ទុកកិច្ចការកុងស៊ុល

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

Place (Date) _____

(Signature of the applicant)