



KINGDOM OF CAMBODIA

Nation Religion King

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VISA APPLICATION FORM

Photograph
2 x 2

**ROYAL EMBASSY OF CAMBODIA
IN : Brussels**

Please submit 2 copy with 2 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:		Work Place:				
Birth nationality: Present nationality:		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)				
Passport of traveling document is valid for (country)		Date of entry to Cambodia: Day.....Month.....Year..... Date of departure (length of stay)				
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 <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 the Kingdom of Cambodia						

For official use

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

ថ្ងៃផ្តល់

Place, (Date).....

ទិដ្ឋាការលេខ

(Signature of the applicant)

លេខសំគាល់

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ថ្ងៃ ខែ ឆ្នាំ

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