

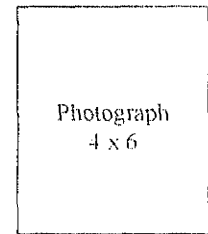


KINGDOM OF CAMBODIA
Nation Religion King

VISA APPLICATION FORM

**ROYAL EMBASSY OF CAMBODIA
IN BRUSSELS**

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



| | | | | | | |
|---|---------|---|--------------|--|---------------|----------------------|
| Surname : | | Present occupation : | | | | |
| First 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 or traveling document is valid for (country) all countries | | 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 : 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

ថ្ងៃផ្តល់.....

ទីដ្ឋាការលេខ.....

ប្រភេទ.....

ថ្ងៃ.....ខែ.....ឆ្នាំ.....

ហត្ថលេខាប្រឹក្សាបណ្ណបណ្ណកិច្ចការក្នុងស្រុក

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

Place. (Date).....

(Signature of the applicant)