



# VISA APPLICATION

**ROYAL EMBASSY  
OF CAMBODIA**

Glue or Staple  
Photo here  
4cm x 6cm

<b>Surname:</b>	<b>Present Occupation:</b>
<b>First Name and Middle Name:</b>	<b>Permanent Address:</b>
<b>Date of Birth:</b> <b>Place of Birth:</b>	<b>E-mail:</b> <b>Phone :</b> <b>Fax :</b>
<b>Nationality:</b> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Relatives in the Kingdom of Cambodia:</b>
<b>Passport Number :</b> <b>Place of Issue :</b> <b>Date of Issue :</b> <b>Date of Expiration:</b>	<b>Previous arrivals to the Kingdom of Cambodia:</b> (Date & Duration of Stay)
<b>Date of Entry (Day, Month, Year)</b> <b>Date of Departure (Day, Month, Year)</b>	<b>Purpose of visit to the Kingdom of Cambodia:</b> <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Official Guest <input type="checkbox"/> Diplomatic <input type="checkbox"/> Transit <input type="checkbox"/> Courtesy <input type="checkbox"/> Other Mission
<b>Point of Entry:</b> <b>Means of Transport:</b>	<b>Point of Exit:</b> <b>Means of Transport:</b>
<b>Address during the Visit:</b>	<b>Organisations, Person to be visited:</b>
<b>Children under 13 Years travelling with</b>	
<b>Surname</b>	<b>First Name</b>
	<b>Date of Birth</b>
	<b>Permanent Address</b>
1.	
2.	
3.	
4.	

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

**Date of Application** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

*Please fill in 1 copy with 2 photos*

*Benjamin-Vogelsdorff-Str. 2, 13187 Berlin, Tel.: 030/48637901, Fax.: 030/48637972*

*E-mail.: REC-Berlin@T-Online.de*