



VISA APPLICATION FORM

Royal Consulate of the Kingdom of Cambodia

Middle East and GCC Countries
 Agostine Center, Dora, Lebanon
 P.O. Box 901894
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One photo
 of applicant and
 of each child

Use block/capital letters to complete this form and use date format as the following dd/mm/yyyy. (*) Compulsory fields.

Surname*:	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Birth nationality*:	
First name*:	Present nationality*:	
	Home address*:	
Date of birth*:		
Place of birth*:		
Visa Type*:		
<input type="checkbox"/> Tourist <input type="checkbox"/> Business <input type="checkbox"/> Transit <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Courtesy <input type="checkbox"/> Visa "K" (Cambodian National)	Home phone*:	
Date of entry*:	Mobile phone*:	
Date of exit*:	Email:	
Point of entry*:	Present occupation*:	
Mean of transportation*:	Name and address of your present employer/organization/company whom you work for (not applicable if unemployed):	
Passport No*:		
Place of issue*:		
Issue date*:		
Expiry date*:		
Date of previous visit in Cambodia:		
Name and address of hotel/accommodation where you will be staying or organization/company/person(s) you will be visiting during your stay in Cambodia:		

Use the box below for any child(ren) under the age of 12 years old travelling with you and who share(s) the same Passport with you. Use a separate sheet of paper, if the provided space is not sufficient.

Surname	First name	Date of birth	Gender

Applicant's Signature*:	Date*:

- (1) Any incomplete application form could be rejected and returned back to you without any notice.
- (2) It is imperative to provide the Consulate your telephone number and email address for any further enquiries that may be required.

OFFICIAL USE ONLY

Visa No:
 Issue date:

RECEIVER

Name:
 Signature:
 Collection date:
 Number of Passport(s) collected: