



**KINGDOM OF CAMBODIA**  
**Nation Religion King**

~~~~~  
**VISA APPLICATION FORM**

Photograph  
4 x 6

**ROYAL EMBASSY OF CAMBODIA  
IN BERLIN**

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

|                                                                             |  |                                                                                                                                                                                                                    |  |         |  |                       |  |       |  |               |                   |
|-----------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--|-----------------------|--|-------|--|---------------|-------------------|
| Surname :                                                                   |  | Present occupation :                                                                                                                                                                                               |  |         |  |                       |  |       |  |               |                   |
| First name :                                                                |  | Place of residence :                                                                                                                                                                                               |  |         |  |                       |  |       |  |               |                   |
| Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>         |  |                                                                                                                                                                                                                    |  |         |  |                       |  |       |  |               |                   |
| Date of birth : Day ..... Month ..... Year .....                            |  | Fax/Phone :                                                                                                                                                                                                        |  |         |  |                       |  |       |  |               |                   |
| Place of birth : .....                                                      |  |                                                                                                                                                                                                                    |  |         |  |                       |  |       |  |               |                   |
| Birth nationality :                                                         |  | Workplace :                                                                                                                                                                                                        |  |         |  |                       |  |       |  |               |                   |
| Present nationality :                                                       |  |                                                                                                                                                                                                                    |  |         |  |                       |  |       |  |               |                   |
| Passport or traveling document is valid for ( country )                     |  | Purpose of visit <input type="checkbox"/> Diplomatic<br><input type="checkbox"/> Tourist <input type="checkbox"/> Official<br><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 :                                                            |  | Point of exit :                                                                                                                                                                                                    |  |         |  |                       |  |       |  |               |                   |
| Means of Transportation :                                                   |  | Means of Transportation :                                                                                                                                                                                          |  |         |  |                       |  |       |  |               |                   |
| Address during the visit :                                                  |  | Organization, Persons to be visited :                                                                                                                                                                              |  |         |  |                       |  |       |  |               |                   |
| Passport No :<br>Place of issue:<br>Date of issue :<br>Date of expiration : |  | First trip to Cambodia <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                 |  |         |  |                       |  |       |  |               |                   |
|                                                                             |  | Travelling on group tour <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                               |  |         |  |                       |  |       |  |               |                   |
|                                                                             |  | children under 12 years traveling with you                                                                                                                                                                         |  | Surname |  | First name Patronymic |  | Sex   |  | Date of birth | Permanent Address |
|                                                                             |  |                                                                                                                                                                                                                    |  |         |  |                       |  | M   F |  |               |                   |
| Relatives in the Kingdom of Cambodia                                        |  |                                                                                                                                                                                                                    |  |         |  |                       |  |       |  |               |                   |
|                                                                             |  |                                                                                                                                                                                                                    |  |         |  |                       |  |       |  |               |                   |

**For official use**  
information  
éfppl; .....  
and correct

I hereby declare that the  
  
on this form is true