



KINGDOM OF CAMBODIA Nation-Religion-King


 Photograph
2" x 2"

 ROYAL HONORARY CONSULATE GENERAL
OF CAMBODIA TO LONG BEACH, CA
THE UNITED STATES OF AMERICA

VISA APPLICATION FORM

Please submit 1 copy, 1 passport's photo and the original passport

Surname/Last name:		Present occupation:			
First name:		Current Home Address:			
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Cell Phone: ()			
Date of birth: Day.....Month.....Year.....		Home Phone: ()			
Place of birth:		Email Address:			
Birth nationality:		Work Place:			
Present nationality:		Purpose of visit :			
Passport No:		<input type="checkbox"/> Tourist <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic			
Place of issue:		<input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify)			
Date of issue:		Point of exit:			
Date of Expiration:		Means of Transportation:			
Point of entry:		Organization, Persons to be visited :			
Means of Transportation:		First trip to Cambodia <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address during the visit:		Traveling on group tour : <input type="checkbox"/> Yes <input type="checkbox"/> No			
Arrival Date in Cambodia:/...../..... DD MM YYYY		Tour Company:			
Departure Date From Cambodia:/...../..... DD MM YYYY					
Children under 12 years traveling with you	Surname	First name Patronymic	Sex	Date of birth	Permanent Address
			M F		
			<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>		
Relatives in the Kingdom of Cambodia					

For official use

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

Done in, Day.....Month.....Year.....

ថ្ងៃផ្តល់

ទិដ្ឋាការលេខ

ប្រភេទ

ហត្ថលេខារដ្ឋធានានុបដ្ឋាករកុងស៊ុល

Signature

Applicant Full Name