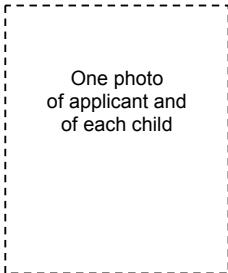




VISA APPLICATION FORM

Consular Section of the Royal Embassy of Cambodia
 64 Brondesbury Park, Willesden Green, London NW6 7AT. United Kingdom.
 Tel: 020-8451 7850 – Fax: 020-8451 7594
 Website: www.cambodianembassy.org.uk
 E-mail: visaenquiries@cambodianembassy.org.uk



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	
First name*:		Birth nationality*:	
Date of birth*:	Present nationality*:		
Place of birth*:	Home address*:		
Visa Type*:		Home phone*:	
<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)		Mobile phone*:	
Date of entry*:		Email:	
Date of exit*:		Present occupation*:	
Point of entry*:		Name and address of your present employer/organization/company whom you work for (not applicable if unemployed):	
Mean of transportation*:		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:	
Passport No*:			
Place of issue*:			
Issue date*:			
Expiry date*:			
Date of previous visit 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 Embassy your telephone number and email address for any further enquiries that may be required.

OFFICIAL USE ONLY	RECEIVER
Visa No:	Name:
Issue date:	Signature:
	Collection date:
	Number of Passport(s) collected: