



KINGDOM OF CAMBODIA
Nation Religion King

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**VISA APPLICATION FORM**

Photograph  
4 x 6

**ROYAL EMBASSY OF CAMBODIA  
IN BERLIN**

|                                                                     |         |                                                                                                                                                                                                                    |            |  |               |                   |
|---------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|---------------|-------------------|
| 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 :                                                       |         | First trip to Cambodia <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                 |            |  |               |                   |
| Place of issue:                                                     |         |                                                                                                                                                                                                                    |            |  |               |                   |
| Date of issue :                                                     |         | Travelling on group tour <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                               |            |  |               |                   |
| Date of expiration :                                                |         |                                                                                                                                                                                                                    |            |  |               |                   |
| Children under 12 years traveling with you                          | Surname | First name<br>Patronymic                                                                                                                                                                                           | Sex<br>M F |  | Date of birth | Permanent Address |
|                                                                     |         |                                                                                                                                                                                                                    |            |  |               |                   |
|                                                                     |         |                                                                                                                                                                                                                    |            |  |               |                   |
|                                                                     |         |                                                                                                                                                                                                                    |            |  |               |                   |
| Relatives in the Kingdom of Cambodia                                |         |                                                                                                                                                                                                                    |            |  |               |                   |
|                                                                     |         |                                                                                                                                                                                                                    |            |  |               |                   |

**For official use**

I hereby declare that the information

**Signature:** .....

on this form is true and correct

***Royal Embassy of Cambodia***

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

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