

Royal Embassy of Cambodia

to Switzerland

KINGDOM OF CAMBODIA NATION RELIGION KING

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VISA APPLICATION FORM

Please fill in application with 1 photo and original passport + 1 copy of passport Please Glue Your 4x6 Photo Here

Tel: +41 22 7887 773

Fax: +41 22 7887 774

E-mail: mcamemb.gva@mfa.gove.kh

Surname:			Present occupation:				
First name:			Permanent Address:				
Sex: Male Female							
Date of Birth: Day:Month:Year:							
Place of Birth:			Fax/Phone:				
Birth Nationality:			Workplace:				
Present Nationality:							
Passport or traveling document is valid for (Country):			Purpose of visit Diplomatic				
			Tourist Official				
Date of Entry to Cambodia: Day: Month:Year:			Business Others (Please Specify):				
Date of Departure (length of Stay):							
Point of Entry to Cambodia:			Point of Exit From Cambodia:				
Means of Transportation:			Means of Transportation:				
Address during the visit:			Organization, Person to be visited:				
			First trip to Cambodia Yes				
Passport No.:							
Place of issue:			∐ No				
Date of issue:			Traveling on group tour Yes				
Date of Expiration:			∐ No				
Children under 12 years traveling with your passport their photos must glue beside your photo	Surname		First name atronymic	Se:	x F	Birth of date	Permanent Address
			-				
Relative in the Kingdom of Cambodia				H	H		
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For official use I hereby declare that the information							
iceo'e	on this form is true and correct Geneva (Date):						
ថ្ងៃផ្តល់:			(Signature of the applicant)				
ទិដ្ឋាការលេខ:			J		· · · · ·		
ប្រភេទ:							
ថ្ងៃទី / ខែ / ឆ្នាំ:							
សាដមេសទានម្រឹងថិលពស់ងង់១សួល							

Website: http://mission.itu.ch/cambodia