



Traveler data / Angaben zum Reisenden

Country to Visit/Reiseland *

Number of Entries/Anzahl Einreisen *

Business - Tourist - Technical *

Last Name/Nachname *

First Name/Vorname *

Nationality *

Email *

Phone / Telefon *

Assistant data / Angaben AssistentIn

Last Name/Nachname

First Name/Vorname

Email

Phone / Telefon

Cell phone/Handy

Billing address / Rechnungsadresse

Company / Firmenname *

Attention of / z.Hd. *

Exact address / Genaue Adresse *

PO-Number/Cost Center/Auftragsnummer/Kostenstelle

Passport return address / Rückversandadr. Pass

Company / Firmenname

Attention of / z.Hd.

Exact address / Genaue Adresse

Return address for passport/Rücksendung Pass *

Send Passport to Billing address/Passversand wie Rechnungsadresse

*For administrative reasons we require credit card payment for private persons.
Aus administrativen Gründen verlangen wir Kreditkartenzahlung bei Privatpersonen.*

Payment/Zahlung *

- Invoice/Rechnung
- Credit Card

Credit Card Number with Expiry Date MM/YY

Number

Expiry Date

Date of request / Datum des Auftrags

Return my passport until: / Pass zurück bis:

Required Shipping / Gewünschte Versandart:

Swiss Post Registered A-Post next working day (Monday-Friday) - CHF 9,00

DHL Courier Standard next working day (Monday-Friday) - CHF 18,50

Courier SAME DAY - price on request

Swiss Post Registered EXPRESS next day (Monday-Saturday) - CHF 22,00

DHL Courier Rapid next working day (Monday-Friday) - CHF 23,50

Courier international - price on request



Consular Service Fly

Visa and Consular Service
Bern - Geneva

Documents nécessaires: Thaïlande - eVisa Non-Immigrant O-A Retraités long stay

Validité de Visa:
1 année

Durée max. de séjour:
1 année

Entrées autorisées:
multiples

- Notre bon de commande
- Formulaire d'application Questionnaire PDF - (le formulaire d'application en ligne sera rempli par nos soins)
- Scan du passeport, valable au moins 6 mois après la date de retour, bonne qualité, en couleur
- Si non suisse - Copie Permis de séjour suisse B ou C
- Photo d'identité digitale (jpg) - bonne qualité, en couleur, fond blanc, datant de moins de 4 mois
- Extraits de comptes bancaires des 3 derniers mois complets, min. 800'000 THB
- Extrait de casier judiciaire
- Foreign Insurance Certificate
- Medical Check Formular
- Attestation d'assurance (avec inclusion des frais de rapatriement en cas de décès, valable pour toute la durée du séjour)

Procès de soumission: Le visa est un visa électronique. Le visa émis vous est transmis sous forme de fichier PDF et doit être emporté lors de l'entrée dans le pays. Envoyez-nous tous les documents par e-mail.

*Our service and responsibility is completed from the moment we post our documents at the Swiss Post or Courier Service.
We are not liable for any delay or loss of documents posted on time.*

• info@consular-service.ch • www.consular-service.ch •

Office Bern

Postadresse: Postfach 9008, 3001 Bern
Domizil: Murtenstrasse 114, 3202 Frauenkappelen
Tel. +41 (0) 31 888 80 80 - Fax +41 (0) 31 888 80 85

Office Genève

Adresse postale: Case postale 1345, 1211 Genève 1
Tel. +41 (0) 22 888 50 80 - Fax +41 (0) 22 888 50 85



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Durée de procès application standard 6-9 jours ouvrables

Durée de procès application express non disponible

Durée de procès application urgente non disponible

Commentaires/remarques

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Thailand eVisa

(missing information may lead to a delay of the application – fehlende Informationen können zu einer verspäteten Einreichung führen)

Name of Traveler/Name Reisender	
<input type="checkbox"/> Country and Place of birth/ Geburtsland und -ort	
<input type="checkbox"/> Address/Adresse	
<input type="checkbox"/> Postal Code – City/PLZ – Ort	
<input type="checkbox"/> Phone/Telefon	
<input type="checkbox"/> Civil Status/Zivilstand	single married/verheiratet divorced/geschieden widowed/verheiratet
Required Visa/Gewünschtes Visum	Tourist single entry Tourist multiple entry Non-Immigrant family of Thai nationals Non-Immigrant Retired/Pensionierte Non-Immigrant Retired Long Stay Business
Date and port of arrival/Datum und Ankunftsort	Date: Port:
Intended days of stay/Anzahl der Aufenthaltstage in Thailand	
Employer's name/Name des Arbeitgebers	
<input type="checkbox"/> Current occupation/Beschäftigung	
<input type="checkbox"/> Employer's address/Adresse Arbeitgeber	

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<input type="radio"/> Employer's Phone /Telefon Arbeitgeber	
Have you ever visited Thailand ?	yes/ja no/nein
Have you ever applied for Thai visa ?	yes/ja no/nein
Are you travelling as part of a tour group ?	yes/ja no/nein
Address in Thailand/Adresse in Thailand:	
<input type="radio"/> Phone/Telefon	
<input type="radio"/> E-Mail	
Annual income/jährliches Einkommen	0 no income/kein Einkommen < 20'000 income/Einkommen 20'000 – 40'000 income/Einkommen 40'000 – 60'000 income/Einkommen 60'000 – 80'000 income/Einkommen > 80'000 income/Einkommen

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Department of Health Service Support, Ministry of Public Health of Thailand

Tel +6621937000 Ext. 18404, 18421 (Office Hours)

E-mail: medicalhub.hss64@gmail.com website: www.hss.moph.go.th

Insurance Policy No.

Period of Insurance

...../...../..... to/...../..... Time.....

Foreign Insurance Certificate

for Alien to apply for Non-Immigrant Visa Type O-A (Period 1 Year)

Insurance Policy Title.....

This insurance certificate is issued to certify that Name.....Surname.....
Nationality.....Gender.....Age.....Years Passport No. ; the insured person is
insured by health insurance in accordance with the law and regulations for foreigners who apply for the Non-Immigrant
Visa Type O-A (period 1 year). The coverage territory of this health insurance includes Thailand. This health insurance
also covers Covid-19 disease with the total sum insured of THB.....per policy year. (Subject to
the benefits detailed in the schedule of the insurance policy)

The period of insurance begins from D/M/Y..... athours until
D/M/Y.....at.....hours as stipulated on the Insurance Policy No.....
of the Company.....

.....
(.....) (.....) (.....)
Director Director Authorized Signature

Insurance Company Address
.....
.....
Telephone Number
Contact Person.....
E-mail.....
Website of the Insurance Company
.....

ใบรับรองแพทย์
MEDICAL CERTIFICATE

วันที่.....
Date

ข้าพเจ้า นายแพทย์.....แพทย์แผนปัจจุบันชั้นหนึ่ง
Name a medical doctor

ใบอนุญาตประกอบวิชาชีพเวชกรรม เลขที่..... ออกให้ ณ วันที่..... เดือน..... ค.ศ.....
holding medical license No. issued on day month A.D.

ได้ทำการตรวจร่างกาย.....เมื่อวันที่.....
have examined (name) on date

แล้วปรากฏว่า.....ปราศจากโรค ดังต่อไปนี้
and have found (name) free from the following diseases:

- | | |
|--------------------------|------------------------|
| 1. โรคเรื้อน | LEPROSY |
| 2. วัณโรคระยะอันตราย | TUBERCULOSIS (T.B.) |
| 3. โรคเท้าช้าง | ELEPHANTIASIS |
| 4. โรคยาเสพติดให้โทษ | DRUG ADDICTION |
| 5. โรคซิฟิลิสในระยะที่ 3 | THIRD STEP OF SYPHILIS |

.....เป็นผู้มีร่างกายแข็งแรง สมบูรณ์ ไม่เป็นผู้มีจิตฟั่นเฟือน
(name) is in good physical and mental health

หรือไม่สมประกอบ หรือไม่เป็นผู้ที่มีร่างกายทุพพลภาพ หรือเป็น โรคดังกล่าวข้างต้น
free from any defect.

(ลงชื่อ).....นายแพทย์ผู้ตรวจ
Signature M.D.
(.....)
Name (in print)