## **ROYAL EMBASSY OF CAMBODIA** TO THE UNITED STATES OF AMERICA 4530 16th Street N.W.

Royal Embassy of Cambodia 4530 16th St. N.W. Washington DC 20011

Bring valid Photo ID when you pick-up Pickup time: 9am - 12 pm / 1-3 pm Monday to Friday

Washington D.C. 20011

Purpose of Visit\*

202-7267742 www.embassyofcambodiadc.org 9:00am - 12:00pm / 1:00 - 4:00pm Monday to Friday

## (\*) required information

## KINGDOM OF CAMBODIA

Nation - Religion - King



## VISA APPLICATION FORM

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One (1) Passport picture

Recent at least six (6) months

Securely Attached Paste or Stapled

REC'D BY:

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☐ Tourist ☐ Business ☐ Khmer☐ Other (Please Specify)	Paste or Stapled L/R (side-to-side)
Last Name: *  First Name: *	Present Occupation: Company: Current Home Address: *
Gender: *	Email Address: *
Present Nationality: *	Point of Entry: *
Date Issued: *	Point of Exit: *
Arrival Date in Cambodia*  Jan - Feb - Mar - Apr May - Jun - Jul - Aug Sep - Oct - Nov - Dec  Day Month Year  Exit Date in Cambodia*  Jan - Feb - Mar - Apr May - Jun - Jul - Aug Sep - Oct - Nov - Dec  Day Month Year  TOURIST VISA REQUIREMENTS  - Completely filled-up VISA Application Form (one copy)  - One (1) piece of 2x2 Passport picture (recent six (6) months)  Visa Fee (Bank/Cashier Cheque or Money Order) in USD  - Payable to Embassy of Cambodia  - ACTUAL PASSPORT (REQUIRED)  - Valid at least six (6) months upon entering Cambodia  - At least two (2) available Passport pages for Visa sticker and date stamps	First trip to Cambodia:  Yes  No Travelling on group tour:  Yes  No Tour Company: *  FOR MAILING VISA REQUEST Send it to: Royal Embassy of Cambodia (Visa Application) 4530 16 <sup>th</sup> Street N.W. Washington D.C. 20011 Please send it through USPS – Priority Mail Envelope – with TRACKING NUMBER. For (send back) INSERT PREPAID USPS return self-address PRIORITY MAIL envelope with a TRACKING NUMBER (recommended).  For FedEx & UPS return, insert official receipt that billed to your account or credit card. Don't put Embassy as the sender.
FOR OFFICIAL USE ONLY:  DATE PROCCESSED	I hereby declare that all information on this form are true and correct.
VISA NUMBER	
TYPE OF VISA	Signature over Printed Name & Date Signed
CK-UP SLIP DATE REC'D: DATE PICK-UP: ASSPORT NAME/S: PP COUNT:	PICK-UP SLIP DATE REC'D: DATE PICK-UP: PASSPORT NAME/S: PP COUNT:
EMARKS: REC'D BY:	REMARKS: RFC'D RY

REMARKS:

202-7267742