



Royal Embassy of Cambodia
to Turkey

KINGDOM OF CAMBODIA

Nation – Religion – King

Photo
Color
4 x 6

VISA APPLICATION FORM

Please fill form + 1 photo + 1 original passport + 1 passport copy

Surname:.....		Current occupation:				
First name:..... Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Permanent address:				
Date of Birth: Day.....Month.....Year..... Place of Birth:.....		Tel: Fax: E-mail:				
Birth nationality: Current Nationality:		Workplace: Tel: Fax:				
Date of entry: Day.....Month.....Year..... Date of departure: Day.....Month.....Year.....		Reason of stay: <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Tourist <input type="checkbox"/> Business <input type="checkbox"/> Others (please specify):				
Address during visit:		Organization or person to be visited:				
Point of entry: Means of transportation:		Point of exit: Means of transportation:				
Passport No: Place of issue: Date of issue: Date of expiration:		First trip to Cambodia: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Travel on tour group: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Children under 12 years old travelling with your passport + 1 photo	Surname	First name	Sex		Date of Birth	Permanent address
			M	F		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Relatives in Cambodia			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

For official use only

ថ្ងៃផ្តល់

ទិដ្ឋភាពលេខ.....

ប្រភេទ.....

ថ្ងៃទី.....ខែ.....ឆ្នាំ.....

ហត្ថលេខាមន្ត្រីទទួលបន្ទុកកុងស៊ុល

I hereby declare that the information
stated above are true and correct

Ankara,

Signature