

EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR, WASHINGTON D.C.
APPLICATION FOR ENTRY VISA (Business)

- 1. Name in Full (Fill in Block Letters)
2. Father's Full Name:
3. Date of Birth(dd/mm/yyyy):
4. Place of Birth (City /State /Country):
5. Nationality:
6. Present Occupation:
7. Marital Status:
8. Spouse's Full Name:

Official use only
B.E.V.(SINGLE)
B.E.V.(MULTIPLE)

PHOTO
Recently taken
color photo
with full face, front view,
no hat
and against
a plain light background

Passport

- 9. (a) Number (b) Date of Issue (dd/mm/yyyy)
(c) Place of issue : (d) Issuing Authority:
10. Present Address in U.S.
11. Contact Phn. No. (Res.) (Work) e-mail:
12. Address in Myanmar:
13. Have you ever been to Myanmar:
14. Have you ever been refused to enter Myanmar:
15. Expected dt. of Arrival: & Departure:
16. Name and Address of Guarantor during stay in Myanmar
17. Attention for Applicant:

Signature of Applicant
Date (dd/mm/yyyy) :

(FOR OFFICE USE ONLY)

Visa No. Date:
Visa Authority: MOFA Lt. No. 46 11 11 (66) Dated : 26 January 1993
- (If ohter) MOFA Lt. No. Dated: / /

Signature of Officer in-Charge

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Embassy of the Republic of the Union of Myanmar
Washington D.C.

Work History for Visa Applicant

1. Name in Full (Fill in block letters): _____
Surname (As in Passport): _____
First Name & Middle Name: _____
2. Date of birth (dd/mm/yyyy) __ / __ / ____
3. Place of birth: U.S., _____ (Other): _____
4. Permanent Home Address: _____

5. Tel. (Res.) () _____ (Work Place) () _____
e-mail: _____
6. Work Description **(Current)**
 - (a) Job Title : _____
From(dd/mm/yyyy): ____ / ____ / ____ -To (dd/mm/yyyy) __ / __ / ____
 - (b) Office _____
Department _____
Describe your Duties: _____

7. Work Description **(Previous)**
 - (a) Job Title: _____
From (dd/mm/yyyy) __ / __ / ____ To (dd/mm/yyyy) __ / __ / ____
 - (b) Office _____
Department _____
Describe your Duties: _____

I hereby declare that the particulars given above are true and correct and that I will not engage in any activities irrelevant to the purpose of my entry.

Signature of Applicant

Date: (dd/mm/yyyy) __ / __ / ____