

EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR, WASHINGTON D.C.
APPLICATION FOR ENTRY VISA ( [ ] Diplomatic / [ ] Official / [ ] Laissez-Passer )

1. Name in Full ( Fill in Block Letters)

----- / ----- / -----
( First Name ) (Middle Name ) ( Last Name )

2. Father's Full Name: ----- / ----- / -----

3. Date of Birth(dd/mm/yyyy): \_\_\_ / \_\_\_ / \_\_\_\_\_

4. Place of Birth (City /State /Country): ----- / ----- / -----

(Official Name : Country is Myanmar , City is Yangon )

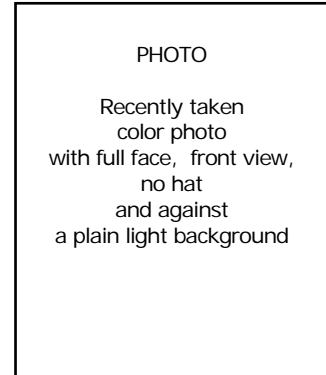
5. Nationality: [ ] US / [ ] Others: ----- Sex [ ] (F) / [ ] (M)

6. Present Occupation: -----

(If retired write " retired", if student write "student", If self employ : mention specifically )

7. Marital Status: [ ] Married [ ] Separated [ ] Divorced [ ] Widowed [ ] Single (Never Married)

8. Spouse's Full Name: -----



Passport

9. (a) Number -----

(b) Date of Issue (dd/mm/yyyy) \_\_\_ / \_\_\_ / \_\_\_\_\_

(c) Place of issue :

(d) Issuing Authority:

[ ] United States, -----

[ ] United States, Department of State /

[ ] Other: -----

[ ] National Passport Centre / [ ] Other: -----

(e) Date of expiration (dd/mm/yyyy) \_\_\_ / \_\_\_ / \_\_\_\_\_

10. Present Address in U.S. -----

(Include apartment number, street, city, state or province & postal zone)

11. Contact Phn. No. (Res.) ( \_\_\_ ) ----- (Work) ( \_\_\_ ) ----- e-mail: -----

12. Address in Myanmar: -----

13. Have you ever been to Myanmar: [ ] Yes [ ] No. (If Yes) Date of Last Visit to Myanmar (dd/mm/yyyy): \_\_\_ / \_\_\_ / \_\_\_\_\_

14. Have you ever been refused to enter Myanmar: [ ] Yes [ ] No. (If Yes) When: (dd/mm/yyyy): \_\_\_ / \_\_\_ / \_\_\_\_\_

Why: -----

15. Expected dt. of Arrival: \_\_\_ / \_\_\_ / \_\_\_\_\_ (dd/mm/yyyy) & Departure: \_\_\_ / \_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)

16. Name and Address of Guarantor during stay in Myanmar -----

17. Attention for Applicant:

- (a) Apart from the professions mentioned this visa application form applicants are not to engage in any sort of work, with or without charges.
(b) Applicant shall abide by the Laws of the Republic of the Union of Myanmar and shall not interfere in the Internal Affairs of the Republic of the Union of Myanmar.
(c) Legal action will be taken against those who violate or contravene any provision of the existing laws, rules and regulations of the Republic of the Union of Myanmar.

I hereby declare that I fully understand the above mentioned conditions, that the particulars given above are true and correct and that I will not engage in any activities irrelevant to the purpose of entry stated herein.

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

(FOR OFFICE USE ONLY)

Visa No. ----- Date : -----
Visa Authority: MOFA Lt. No. 46 11 11 (110) , Dated : 6 April 1994,
- (If other): MOFA Lt. No. ----- Dated: -----

Signature of Officer in-Charge

Embassy of the Republic of the Union of Myanmar WashingtonD.C., U.S.A

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(Official Name : Country is Myanmar , City is Yangon )

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[ ] United States, -----

[ ] United States, Department of State /

[ ] Other: -----

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Signature of Officer in-Charge

Embassy of the Republic of the Union of Myanmar WashingtonD.C., U.S.A

Contact : Tel. (202) 332 4352, (202) 238 9332 Fax.(202) 332 4351. http://mewashingtondc.com , e-mail: mewdcusa@yahoo.com)

Up Dated : May, 2014

**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) \_\_ / \_\_ / \_\_\_\_