



PLEASE ENTER ALL INFORMATION IN-LINE, PRINT AND RETURN TO CONSULATE

The Royal Embassy of Cambodia to the United States of America
 4530 16th Street NW, Washington D.C. 20011
 Telephone: (202) 726-7742 Fax: (202) 726-8381

Place
Photo
Here

Please submit 2 copies with 2 photos

Last Name:		Present Occupation:		
First Name:		Place of work and Work Phone:		
Middle Name:				
Birth Place:		Permanent Address in the USA and Phone:		
Date of Birth (Day/Month/Year):				
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Purpose of Visit to the Kingdom of Cambodia:		
Nationality:		<input type="checkbox"/> Tourism <input type="checkbox"/> Journalism <input type="checkbox"/> Official Guest		
Date of Entry:		<input type="checkbox"/> Business <input type="checkbox"/> Other Mission:		
Date of Departure:				
Point of Entry:		Point of Exit:		
Means of Transportation:		Means of Transportation:		
Address During Visit:		Organizations, Person to be Visited:		
Passport Number:		Previous Arrival in Cambodia		
Place of Issue:		(Mention dates of arrival, period of stays, purposes and locations)		
Date of Issue:				
Date of Expiration:				
	Surname:	First Name, Middle:	Date of Birth:	Permanent Address:
Children under 13 years traveling with you:

Relatives in the Kingdom of Cambodia:

Signature _____ Date _____
 (Please Print Then Sign)

Visa Number _____ Date Issued _____ Expiration Date _____
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