

Visa is valid for 3 months from the date of issue

DIRECTORATE OF IMMIGRATION AND NATIONAL REGISTRATION
IMMIGRATION DEPARTMENT
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: _____ / _____ / _____
(Fill in Block Letters) First Name Middle Name Last Name
3. Date of Birth (dd/mm/yyyy): __ / __ / ____
4. Place of Birth (City / State / Country): _____ / _____ / _____
5. Nationality: US / Others: _____ 4. Sex (F) / (M)
6. Present Occupation: _____
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 /
- (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:(dd/mm/yyyy): __ / __ / ____
14. Have you ever been refused to enter Myanmar: Yes No. (If Yes) When:(dd/mm/yyyy): __ / __ / ____
Why: _____
15. Purpose of Entry into Myanmar: _____
Expected dt. of Arrival (dd/mm/yyyy) **(ETA- Myn.):** __ / __ / ____ Flight No. ()
Expected dt. of Departure (dd/mm/yyyy) **(ETD-Myn.):** __ / __ / ____ Flight No. ()
16. Name and address of guarantor in Myanmar _____
17. **Attention for Applicant:**
(a) Apart from the professions mentioned in 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 Union of Myanmar and shall not interfere in the internal affairs 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 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.

_____ Date (dd/mm/yyyy): __ / __ / ____ (Signature of Applicant)

(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: _____
- Phn.(202) 332 3344, 4350, 4352, Fax:(202)332 4351 <http://www.mewashingtondc.com> & e-mail: mewdcusa@gmail.com
Last updated : 20 Oct, 2010

Embassy of the Union of Myanmar

Washington D.C.

Work History for Visa Applicant

1. Name in Full : _____ / _____ / _____
(Fill in Block Letters) First Name Middle Name Last 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 _____
Section _____
Division _____
Describe your Duties: _____

7. Work Description (Previous)

(a) Job Title : _____
From (dd/mm/yyyy): ___ / ___ / _____ - To (dd/mm/yyyy): ___ / ___ / _____

(b) Office _____
Section _____
Division _____
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): ___ / ___ / _____