

GOVERNMENT OF THE UNION OF MYANMAR
DIRECTORATE OF IMMIGRATION AND NATIONAL REGISTRATION IMMIGRATION DEPARTMENT

APPLICATION FOR ENTRY VISA (TOURIST)

(To be handed over to the Immigration Officer at the Port.)

Official use only

- E.V.T(F.I.T)
 E.V.T (Package Tour)

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 (City / State / Country): _____/_____/_____

4. Father's Full Name: _____

5. Nationality: U.S. / (Others): _____ Sex (F) / (M)

6. Present Occupation: _____
(If retired write "retired", if student write "student")

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

8. Spouse's Full Name: _____

Personal Description

9. (a) Color of Hair _____ (b) Height: m __ cm __ / ft. __ in. __

(c) Color of Eyes _____ (d) Complexion _____

Passport

10. (a) Number _____ (b) Date of Issue (dd/mm/yyyy) ___ / ___ / _____

(c) Dt. of expiration (dd/mm/yyyy): ___ / ___ / _____

(d) Place of issue: _____ (e) Issuing Authority:

United States, _____ United States, Department of State /

Other: _____ National Passport Centre / Other: _____

11. Present Address in U.S. _____

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

12. Contact Phn. No. (Res.) (___) _____ (Work) (___) _____ e-mail: _____

13. Address in Myanmar: _____

14. Have you ever been to Myanmar: Yes No (If Yes) Date of Last Visit: (dd/mm/yyyy): ___/___/_____

15. Have you ever been refused to enter Myanmar: Yes No. (If Yes) When: (dd/mm/yyyy): ___/___/_____

Why: _____

16. Purpose of Visit: Tourism / _____

(Expected date of **Arrival**: ___/___/_____ & **Departure**: ___/___/_____)

17. Attention for Tourists

(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 (76) Dated : 11 March 1994

(If other): MOFA Lt. No. _____, Dated: _____

Signature of Officer in-Charge
Embassy of the Union of Myanmar
Washington D.C. , U.S.A.

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4. Father's Full Name: _____

5. Nationality: U.S. / (Others): _____ Sex (F) / (M)

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(If retired write "retired", if student write "student")

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

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Visa Authority: MOFA Lt. No. 46 11 11 (76) Dated : 11 March 1994

(If other): MOFA Lt. No. _____, Dated: _____

Signature of Officer in-Charge
Embassy of the Union of Myanmar
Washington D.C. , U.S.A.

REPORT OF ARRIVAL

(This is to be delivered to the immigration authorities upon arrival in Myanmar.)

Name in Full (Fill in Block Letters)

(First Name) (Middle Name) (Last Name)

Citizen: U.S. / If other _____

Passport No.: _____

- Place of Issue: United States, _____

(If others): _____

- Date of Issue:(dd/mm/yyyy) __ / __ / ____

Expected Date of Arrival into Myanmar (dd/mm/yyyy) __ / __ / ____

- (Flight No. _____)

Date of expiration of stay in Myanmar (dd/mm/yyyy) __ / __ / ____

Address in Myanmar: _____

Name and Address of Guarantor in Myanmar: _____

Signature of Passport Holder

(OFFICIAL USE ONLY)

Visa No. _____ Date of Issue _____

Visa Authority:MOFA Lt. No. 46 11 11 (76) Dated : 11 March 1994,

(If other):MOFA Lt. No. _____ Dated: _____

Signature of Officer in-Charge
Embassy of the Union of Myanmar
Washington D.C.

Immigration Officer

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) __ / __ / ____