



KINGDOM OF CAMBODIA  
Nation-Religion-King



Photograph

2" x 2"

Consulate of Cambodia in Toronto

VISA APPLICATION FORM

**Please submit 1 copy, 1 passport's photo and the original passport**

|  |         |  |                          |                          |               |                   |
|--|---------|--|--------------------------|--------------------------|---------------|-------------------|
| Surname/Last name: .....   |         | Present occupation: .....  |                          |                          |               |                   |
| First name: .....  |         | Current Home Address: .....  |                          |                          |               |                   |
| Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> |         | Cell Phone: ( ) .....  |                          |                          |               |                   |
| Date of birth: Day.....Month.....Year.....                         |         | Home Phone: ( ) .....  |                          |                          |               |                   |
| Place of birth: .....  |         | Email Address: .....   |                          |                          |               |                   |
| Birth nationality: .....   |         | Work Place: .....  |                          |                          |               |                   |
| Present nationality: .....   |         |  |                          |                          |               |                   |
| Passport No: .....   |         | Purpose of visit :   |                          |                          |               |                   |
| Place of issue: .....  |         | <input type="checkbox"/> Tourist <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic |                          |                          |               |                   |
| Date of issue: .....   |         | <input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify) .....               |                          |                          |               |                   |
| Date of Expiration: .....  |         |  |                          |                          |               |                   |
| Point of entry: .....  |         | Point of exit: .....   |                          |                          |               |                   |
| Means of Transportation: .....                                     |         | Means of Transportation: .....   |                          |                          |               |                   |
| Address during the visit: .....                                    |         | Organization, Persons to be visited : .....  |                          |                          |               |                   |
| Arrival Date in Cambodia: ...../...../.....<br>DD MM YYYY          |         | First trip to Cambodia <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                          |                          |               |                   |
| Departure Date From Cambodia: ...../...../.....<br>DD MM YYYY      |         | Traveling on group tour : <input type="checkbox"/> Yes <input type="checkbox"/> No                     |                          |                          |               |                   |
|  |         | Tour Company: .....  |                          |                          |               |                   |
| Children under 12 years traveling with you                         | Surname | First name Patronymic  | Sex<br>M F               |                          | Date of birth | Permanent Address |
|  |         |  | <input type="checkbox"/> | <input type="checkbox"/> |               |                   |
|  |         |  | <input type="checkbox"/> | <input type="checkbox"/> |               |                   |
|  |         |  | <input type="checkbox"/> | <input type="checkbox"/> |               |                   |
| Relatives in the Kingdom of Cambodia                               |         |  |                          |                          |               |                   |
|  |         |  |                          |                          |               |                   |

**For official use**

ថ្ងៃផ្តល់ .....

ទីដាក់ការលេខ .....

ប្រភេទ .....

ហត្ថលេខាប្រធានអគ្គនាយកដ្ឋានកម្មវិធីអន្តរជាតិ

I hereby declare that the information on this form is true and correct

Done in ....., Day.....Month.....Year.....

Signature

Applicant Full Name