Please attach 1 photograph taken within the last 6 months (3.5 x 4.5 cm)



## **APPLICATION FOR VISA**

Royal Thai Embassy, Dhaka

Please	Indicate	Туре	of Visa	Requested

 $\hfill\Box$  Diplomatic Visa

 $\square$  Official Visa

☐ Courtesy Visa☐ Non-Immigration Visa

☐ Tourist Visa

 $\square$  Transit Visa

Number of Entries Requested \_\_\_\_\_

First Name Middle Name	Family Name (in Block letters)		
Former Name (if any)	Countries for which travel document is valid		
Nationality			
Nationality at Birth	Proposed Address in Thailand		
Birth Place Marital Status			
Date of Birth	Name and Address of Local Guarantor		
Type of Travel Document			
No Issued at			
Date of Issue Expiry Date	Tel./Fax.		
Occupation (specify present position and name of employer)	Name and Address of Guarantor in Thailand		
Current Address	Tel./Fax.		
Tel E-mail	I hereby declare that I will not request any refund from my paid visa fee even if my application has been declined.  Signature Date		
Permanent Address (if different from above)	Attention for Tourist and Transit Visas Applicants		
Tel Names, Dates and Places of Birth of minor children  (if accompanying)	I hereby declare that the purpose of my visit to Thailand is for pleasure or transit only and that in no case shall I engage myself in any profession or occupation while in the country.  Signature Date		
Date of Arrival in Thailand			
Traveling by	FOR OFFICIAL USE		
Flight No. or Vessel Name	Application/Reference No		
Duration of Proposed Stay	Visa No		
Date of Previous Visit to Thailand	☐ Diplomatic Visa ☐ Official Visa ☐ Courtesy Vis		
Purpose of Visit: □ Tourism □ Transit □ Business	□ Non-Immigration Visa □ Tourist Visa □ Transit Visa		
☐ Diplomatic /Official ☐ Other (please specify)	Category of Visa:		
R OFFICIAL USE ONLY	☐ Single ☐ Double ☐ Multiple ☐ Entries		
G □PP □AF □RD □ Multiple □ Other	Date of Issue Fee		
V	Expiry Date		
C UWP Other			
□F □SR □RC □MFA □WP3 □PPP □PAF □TRC □ITV date	Authorized Signature and Seal		
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□A □R □VL □WL □BL 2 3 4 5 6	Transcrized Signature and Sour		