



ROYAL EMBASSY OF CAMBODIA  
to Switzerland

**VISA APPLICATION FORM**

*Please fill in application with 1 photo  
and original passport + 1 copy of passport*

**Please Glue  
Your 4x6  
Photo Here**

Surname:.....		Present occupation:.....			
First name:.....		Permanent Address: .....			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		.....			
Date of Birth: Day:..... Month:..... Year:.....		.....			
Place of Birth: .....		Fax/Phone: .....			
Birth Nationality:.....		Workplace: .....			
Present Nationality:.....		.....			
Passport or traveling document is valid for (Country): .....		Purpose of visit <input type="checkbox"/> Diplomatic <input type="checkbox"/> Tourist <input type="checkbox"/> Official <input type="checkbox"/> Business Others (Please Specify):.....			
Date of Entry to Cambodia: Day:.... Month:..... Year:.....					
Date of Departure (length of Stay):.....					
Point of Entry to Cambodia: .....		Point of Exit From Cambodia: .....			
Means of Transportation: .....		Means of Transportation: .....			
Address during the visit: .....		Organization, Person to be visited: .....			
.....		.....			
Passport No.:.....		First trip to Cambodia <input type="checkbox"/> Yes <input type="checkbox"/> No			
Place of issue:.....					
Date of issue:.....		Traveling on group tour <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Expiration:.....					
Children under 12 years traveling with your passport their photos must glue beside your photo	Surname	First name Patronymic	Sex M F	Birth of date	Permanent Address
			<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>		
Relative in the Kingdom of Cambodia			<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/>		

**For official use**

ថ្ងៃផ្តល់: .....

ទិដ្ឋាការលេខ: .....

ប្រភេទ: .....

ថ្ងៃទី / ខែ / ឆ្នាំ: .....

**ហត្ថលេខាបណ្ឌិតបណ្ឌិតបណ្ឌិត**

I hereby declare that the information  
on this form is true and correct  
Geneva (Date): .....  
(Signature of the applicant)