GOVERNMENT OF THE UNION OF MYANMAR IMMIGRATION DEPARTMENT APPLICATION FOR VISA ON ARRIVAL

Please Indicate Type of Visa Requete	bed
Tourist Visa	Entry Visa (Social)
Business Visa	Transit Visa
Family Name Name	First Name Middle Name
Nationality	Male Female
Name, Date and Place of Birth of Mino	r Children (if accompanying)
	Male Female
Date of Birth Y M	D Place of Birth
Occupation	
Passport Number	
Place of issue	Date of issue Y M D
79%	Date of expiry Y M D
Permanent / Current Address	
	Tel Email
Address in Myanmar	
Process in injuring	Tel Email
Date of Arrival in Manager	Flight No Vessel's Name
	- Fight No.
engange in any sort of wo Application shall abide by internal affairs of the Unio Legal action will be taken existing laws, rules and re	s mentioned in this visa application from applicants are not to brk with of without charges. The laws of Union of Myanmar and shall not interfere in the nof Myanmar. against those who violate or contravene any provision of the egulations of the Union of Myanmar stand the above mentioned condition, that the particulars given at I will not engage in any activities irrelevant to the purpose of
Date Sign	nature of applicant
, f	(FOR OFFICAL USE ONLY)
Application / Reference No	Visa No
	Entry Visa (Social)
Tourist Visa	Transit Visa Authorized Signature
Business Visa	