



KINGDOM OF CAMBODIA
Nation Religion King
VISA APPLICATION FORM

1 x Photo

modern

admin BM

ROYAL EMBASSY of CAMBODIA
BERLIN / Germany

Please fill the form with 1 photo and send it with the original passport
 Bitte diesen Vordruck ausfüllen und mit dem Originalpass einsenden

| | | | | | | | |
|--------------------------------------------------------------|-----------------------------------------------------|----------------------------------------|------------------------------------------------------------------|-----------------------------------------------|---------------------------------|--------------------------|--------------------------|
| First name / Vorname | | | | Present occupation / Beruf | | | |
| Surname / Nachname | | | | Place of residence / jetziger Wohnsitz | | | |
| Sex / Geschlecht | <input type="checkbox"/> | female / weiblich (F) | Street / Str. | | | Nr | <input type="checkbox"/> |
| | <input type="checkbox"/> | male / männlich (M) | | PLZ+Town/Ort | | | |
| Date of birth / Geburtsdatum | | | Mobile phone | Handy | | | |
| Place of birth / Geburtsort | | | Work phone | Telefon | | | |
| Birth nationality / Staatsangehörigkeit bei Geburt | | | notes | Notizen | | | |
| | | | | | | | |
| Present nationality / Jetzige Staatsangehörigkeit | | | | | | | |
| Passport valid for worldwide | <input type="checkbox"/> | yes / ja | Purpose of visit please specify VISA- Art bitte ankreuzen | | | | |
| Reisepass gültig weltweit | <input type="checkbox"/> | no / nein | <input type="checkbox"/> | Tourist / Touristen | <input type="checkbox"/> | Diplomatic | <input type="checkbox"/> |
| Date of entry to Cambodia / Einreisedatum | | | <input type="checkbox"/> | Business/Geschäfts-Visa | <input type="checkbox"/> | Official/Gäste | <input type="checkbox"/> |
| Date of departure / Ausreisedatum | | | <input type="checkbox"/> | Other / Sonstiges | <input type="checkbox"/> | NGO | <input type="checkbox"/> |
| Point of entry / Einreiseort | | | Point of exit / Ausreiseort | | | | |
| Means of transportation (flight / bus / ship) | <input type="checkbox"/> | Flug / flight | <input type="checkbox"/> | Schiff / ship | <input type="checkbox"/> | Flug / flight | <input type="checkbox"/> |
| | <input type="checkbox"/> | Bus / bus | <input type="checkbox"/> | | <input type="checkbox"/> | Bus / bus | <input type="checkbox"/> |
| Place to visit / Aufenthaltsorte | | | Organisation to be visited | | | | |
| | | | | Person to be visited | | | |
| Passportnumber/ Reisepass-Nr | | | Welche Organisation oder Personen werden besucht | | | | |
| Passport country / Ausstellungsland | | | First trip to Cambodia | | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| Place of issue / Ausstellungsort | | | Erste Reise nach Kambodscha | | <input type="checkbox"/> | ja | <input type="checkbox"/> |
| Date of issue / Ausstellungsdatum | | | Group travel / tour | | <input type="checkbox"/> | yes | <input type="checkbox"/> |
| Date of expiration/ Gültig bis | | | Gruppenreise | | <input type="checkbox"/> | ja | <input type="checkbox"/> |
| Children / Kinder under 12 years unter 12 Jahre | Surname / Nachname Patronymic / Vatername | First name Vorname(n) | VISA Application Form extra! | Date of birth Geburtsstag | Sex Geschlecht | | |
| | | | | | <input type="checkbox"/> | yes / ja | <input type="checkbox"/> |
| Childs Passport / Kinderreisepass | | | | | <input type="checkbox"/> | | <input type="checkbox"/> |
| traveling with you 1. | | | | | <input type="checkbox"/> | extra ! | <input type="checkbox"/> |
| reisen mit Ihnen 2. | | | | | <input type="checkbox"/> | extra ! | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | Town / Wohnort |
| Relatives in Cambodia | | | | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Verwandte in Kambodscha | | | | | <input type="checkbox"/> | | <input type="checkbox"/> |

For official use only:

I hereby declare that the information on this form is true and correct!
 Ich erkläre hiermit, dass die Informationen der Wahrheit entsprechen.

TT . MM . 20JJ

Place / Ort Date / Datum

(Signature of the applicant)
 (Unterschrift des Antragstellers)