

KINGDOM OF CAMBODIA NATION RELIGION KING



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VISA APPLICATION FORM

Surname: Given Name:	Workplace:	upation:idential Address:
Sex: Male Female Pate of Birth:	Mobile(s): .	
Nationality: Date of Entry: Day MonthYear Date of Departure (length of stay)	Type of Vis	a applied for: matic Visa (A) Courtesy Visa (C)
Cambodia's Phnom Penh Int'l Airport (Fig. 1) Port of Entry: Siem Reap Int'l Airport (RE 1) Preah Sihanouk Int'l Airport	PNH) EP) CP) Busine UKOS) Busine	al Visa (B)
Others: please specify: Address during the visit:	Cambodia's Port of Exit:	
Passport No: Date of Issue: Date of Expiry: Place of Issue:	First trip to 0 Traveling or Purpose of v	
FOR OFFICIAL USE: ទិដ្ឋាការលេខ		I hereby declare that the information provided herein is true and correct. Signature and Name of Applicant
	www.camemb-sg.com	(Date):

Address: 400 Orchard Road

Tel: (65) 6341 9785, Fax: (65) 6341 9201 E-mail: recamsingapore@gmail.com