ROYAL EMBASSY OF CAMBODIA
TO THE UNITED STATES OF AMERICA
4530 16th Street N.W.
Washington D.C. 20011
202-7267742 www.embassyofcambodiadc.org
9:00am - 12:00pm / 1:00 - 4:00pm Monday to Friday

KINGDOM OF CAMBODIA

Nation – Religion - King

VISA APPLICATION FORM

2 x 2
One (1) Passport picture

Recent at least
six (6) months

GLUED or PASTE Only
Do Not Staple
Make sure It won't pop-up

(*) required information

Purpose of Visit*
☐ Official ☐ Diplomatic
☐ Other (Please specify) _____

Last Name: *_____

First Name: *_____

Gender: * ☐ Male ☐ Female
Date of Birth * Day ____ Month _____ Year_____
Place of Birth * _____
Birth Nationality * _____
Present Nationality: *_____
Passport Number: *_____
Place of Issue: *_____
Date Issued: *_____
Date Expire: *_____

Arrival Date in Cambodia* Jan - Feb - Mar - Apr
May - Jun - Jul - Aug
Sep – Oct – Nov - Dec
Day_____ Month_____ Year _____

Exit Date in Cambodia* Jan - Feb - Mar - Apr
May - Jun - Jul - Aug
Sep – Oct – Nov - Dec
Day_____ Month_____ Year _____

VISA REQUIREMENTS
- Completely filled-up VISA Application Form (2 copies)
- Two(2) pieces of 2x2 Passport picture (recent at least six (6) months)
- Endorsement letter from Department of State or Organization (3 copies)
- ACTUAL PASSPORT (REQUIRED)
  - Valid at least six (6) months upon entering Cambodia
  - At least two (2) available Passport pages for Visa sticker and date stamps

Designation:* _____
Organization:* _____
Current Home Address: *_____
_____
Mobile Phone: *_____
Home Phone: *_____
Email Address: *_____

Point of Entry: * _____
Means of Transportation: *_____
Address during the visit: * _____
_____
Point of Exit: *_____
Means of Transportation: *_____
First trip to Cambodia:* ☐ Yes ☐ No
(If answer is No) Last Date you enter Cambodia: _____

Purpose of trip to Cambodia:*_____
_____
_____
_____
Meeting to whom & designation:*_____
_____
_____
Organization/Department:*_____
_____
Day's of Stay in Cambodia:*_____
Name of trip coordinator:*_____
Contact number:*_____
Email address:*_____

202006

I hereby declare that all information on this form are true and correct.

FOR OFFICIAL USE ONLY:

DATE PROCCESSED _____

VISA NUMBER _____

TYPE OF VISA _____

_____
Signature over Printed Name & Date Signed

PICK-UP SLIP DATE REC'D: _____ DATE PICK-UP: _____
PASSPORT NAME/S: _____ PP COUNT: _____
_____
_____
REMARKS: _____ REC'D BY: _____
Royal Embassy of Cambodia 4530 16th St. N.W. Washington DC 20011 202-7267742
Bring valid Photo ID and Cover Letter when you pick-up Pickup time: 9am - 12 pm / 1-3 pm Monday

PICK-UP SLIP DATE REC'D: _____ DATE PICK-UP: _____
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_____
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