KINGDOM OF CAMBODIA
Nation – Religion - King

VISA APPLICATION FORM

Purpose of Visit*
☐ Tourist ☐ Business ☐ Khmer
☐ 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 ______

Present Occupation: ____________________________
Company: ____________________________
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
Travelling on group tour: ☐ Yes ☐ No
Tour Company: *

TOURIST VISA REQUIREMENTS
- Completely filled-up VISA Application Form (one copy)
- One (1) piece of 2x2 Passport picture (recent six (6) months)
- Visa Fee (Bank/Cashier Cheque or Money Order) in USD
  - Payable to Embassy of Cambodia
- 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

FOR MAILING VISA REQUEST
Send it to:
Royal Embassy of Cambodia (Visa Application)
4530 16th Street N.W.
Washington D.C. 20011

Please send it through USPS – Priority Mail Envelope with TRACKING NUMBER.
For (send back) INSERT PREPAID USPS return self-address PRIORITY MAIL envelope with a TRACKING NUMBER (recommended).

For FedEx & UPS return, insert official receipt that billed to your account or credit card. Don’t put Embassy as the sender.

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

Signature over Printed Name & Date Signed

TYPE OF VISA

For Official Use Only:

DATE PROCESSED ____________________________

VISA NUMBER ____________________________

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

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 when you pick-up  Pickup time: 9am - 12 pm / 1-3 pm Monday to Friday