

Please attach a photograph taken within the last 6 months (3.5 x 4.5 cm)



APPLICATION FOR VISA
Royal Thai Embassy, Kathmandu

Please Indicate Type of Visa Requested

- Diplomatic Visa
- Official Visa
- Courtesy Visa
- Non-Immigrant Visa B ED O
- Tourist Visa Medical Purpose
- Transit Visa

Number of Entries Requested _____

Mr. Mrs. Miss _____
First Name Middle Name Family Name (in BLOCK letters)

Former Name (if any) _____

Countries for which travel document is valid _____

Nationality _____

Proposed Address in Thailand _____

Nationality at Birth _____

Birth Place _____ Marital Status _____

Date of Birth _____

Name and Address of Local Guarantor _____

Type of Travel Document _____

No. _____ Issued at _____

Tel./Fax. _____

Date of Issue _____ Expiry Date _____

Name and Address of Guarantor in Thailand _____

Occupation (specify present position and name of employer) _____

Tel./Fax. _____

Current Address _____

I hereby declare that I will not request any refund from my paid visa fee even if my application has been declined.

Signature _____ **Date** _____

Tel. _____ E-mail _____

Permanent Address (if different from above) _____

Attention for Tourist and Transit Visas Applicants

I hereby declare that the purpose of my visit to Thailand is for pleasure or transit only and that in no case shall I engage myself in any profession or occupation while in the country.

Signature _____ **Date** _____

Tel. _____

Names, dates and places of birth of minor children (if accompanying) _____

Date of Arrival in Thailand _____

Traveling by _____

Flight No. or Vessel's name _____

Duration of Proposed Stay _____

Date of Previous Visit to Thailand _____

Purpose of Visit: Tourism Transit
 Business Diplomatic/Official
 Other (please specify) _____

FOR OFFICIAL USE

mfvaisaform10092007

Application/Reference No. _____

Visa No. _____

Type of Visa:

- Diplomatic Visa Official Visa Courtesy Visa
- Non-Immigrant Visa Tourist Visa Transit Visa

Category of Visa: _____

Number of Entries:

- Single Double Multiple ___ Entries

Date of Issue _____ Fee _____

Expiry Date _____

Documents Submitted _____

Authorized Signature and Seal _____