## Consulate-General of the Republic of the Union of Myanmar Los Angeles, California

## APPLICATION FOR OFFICIAL VISA

1. Na	me in Full (Fill in Block Letters)	,					
	(First Name)	Middle Name)	(Last Name)	- РНОТО			
) Fat	her's Full Name		,	Recently taken			
2. 1 at	(First Name)	(Middle Name)	(Last Name)	color photo			
3. Dat	te of Birth (dd/mm/yy):/	,		with full face, front view,			
4. Pla	ce of Birth (City/State/Country)			no hat and against			
	tionality: \[ \Bullet U.S./ \Bullet (Others): \]			a plain light background			
	esent Occupation:						
	retired write "retired", if student write		by: mention specifically)				
7. Ma	Marital Status: ☐Married ☐Separated ☐Divorced ☐Widowed ☐Single (Never Married)						
8. Spouse's Full Name:							
	ssport						
	Number(b) Da	te of Issue (dd/mm/yy)					
(c)	Date of Expiration (dd/mm/yy)	/					
(d)	Place of Issue:	(e) Issuing Aut	hority:				
	☐United States	☐United State	s, Department of State/				
	Other		sport Center/ $\square$ (if others)				
10. Pre	esent Address in U.S.						
	clude apartment number, street, city, st		al zone)				
	ntact Ph. No.(Res:)()	-		e-mail			
	dress in Myanmar:						
13. Ha	ve you ever been to Myanmar: □Yes □	No (If Yes) Date of La	ast Visit: (dd/mm/yy)/_	/			
14. Ha Wh	ve you ever been refused to enter Myarny:			<u> </u>			
15. Exp	pected date of <b>Arrival</b> : (dd/mm/yy)	/	& <b>Departure</b> : (dd/mm/yy) _				
16. Na	me and address of Guarantor during sta	ıy in Myanmar					
17. <b>Att</b>	tention for Applicant:						
(a)	Apart from the professions mentione without charges.	ed this visa application	n from applicants are not to enga	age in any sort of work, with or			
(b)	Applicant shall abide by the Laws of the Republic of the Union of Myanma	=	nion of Myanmar and shall not in	nterfere in the Internal Affairs of			
(c)	Legal action will be taken against tho		ravene any provision of the existi	ng laws, rules and regulations of			
. ,	the Republic of the Union of Myanmar.						
	I hereby declare that I fully understand the above mentioned conditions, that the particulars given above are true and						
	correct and that I will not engage in	n any activities irrelev	ant to the purpose of entry stat	ed herein.			
	Date (dd/mm/yy)//		_	Signature of Applicant			
		(FOR OFFICE	USE ONLY)				
Visa No	Date:		· 				
MOFA	Lt. No	, Date:/	/				

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## **Work History for Visa Applicant**

Da	Te:(dd/mm/yy) / /
act	I hereby declare that the particular given above are true and correct and that I will not engage in any ivities irrelevant to the purpose of my entry.
	Describe your Duties:
	Department
	(b) Office
	From (dd/mm/yy)//
	Work Description (Previous)  (a) Job Title:
	Describe your Duties:
	Department
	(b) Office
	From (dd/mm/yy)//
	(a) Job Title:
6.	Work Description (Current)
	(Cell)(e-mail:
5.	Tel. (Res.)()(Work Place)()_
4.	Permanent Home Address:
3.	Place of birth: \( \subseteq U.S. : \) \( \subseteq \) (Other): \( \subseteq \)
2.	Date of birth (dd/mm/yy)//
	First Name & Middle Name:
	Surname (As in Passport):
1.	Name in Full (Fill in block letters):

To							
Con	Consul General Consulate General of the Republic of the Union of Myanmar Los Angeles						
Con							
Los							
		Date:					
Subject:	Requ	uest for Multiple Journey Enter Visa for Official					
Ι,		, have been to the Republic of the Union of Myanma Entry Visa in					
with Officia	al Single	Entry Visa in					
Now Official	v, I wou in	d like to visit the Republic of the Union of Myanmar with Multiple Journal Entry Visa fo order to					
May documents:		est to have months Multiple Journey Entry Visa for Official with the following					
(1)		pleted Visa Application Form with recently taken 35 mm x 45 mm color photo and One Photo					
(2)	Com	pleted "Work History" Form					
(3)	Reco	mmendation letter from Focal Ministry					
(4)	Orig	nal Passport					
(5)	(a)	Visa Fee for 3 months Multiple (US\$ 200)					
	(b)	Visa Fee for 6 months Multiple (US\$ 400)					
	(c)	Visa Fee for 12 months Multiple (US\$ 600)					
(6)	Prepa	aid Envelop/ FedEx Standard Overnight Service					
		Sincerely,					
		Signature:					
		Name:					
		Passport No:					