

Visa is valid for 3-months from the date of Issue

**CONSULATE-GENERAL OF THE REPUBLIC OF THE UNION OF MYANMAR**  
**3435, WILSHIRE BOULEVARD, SUITE 1590, LOS ANGELES, CALIFORNIA 90010**  
**TEL (213) 387-0041, (213) 387-0043, Fax (213) 387-0042**

**APPLICATION FOR TOURIST VISA**

1. Name in Full (Fill in Block Letters)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

2. Father's Full Name \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

3. Date of Birth (dd/mm/yy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4. Place of Birth (City/State/Country) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. Nationality:  U.S./  (Others): \_\_\_\_\_ 4. Sex  (F) /  (M)

6. Present Occupation: \_\_\_\_\_  
(If retired write "retired", if student write "student")

7. Marital Status:  Married  Separated  Divorced  Widowed  Single (Never Married)

8. Spouse's Full Name: \_\_\_\_\_

**Personal Description**

9. (a) Color of Hair \_\_\_\_\_ (b) Height:  m \_\_\_\_\_ cm \_\_\_\_\_ /  ft \_\_\_\_\_ in. \_\_\_\_\_

(c) Color of Eyes \_\_\_\_\_ (d) Complexion \_\_\_\_\_

**Passport**

10. (a) Number \_\_\_\_\_ (b) Date of Issue (dd/mm/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(c) Date of Expiration (dd/mm/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(d) Place of Issue: \_\_\_\_\_ (e) Issuing Authority:

United States, \_\_\_\_\_  United States, Department of State/

Other: \_\_\_\_\_  National Passport Center/  Other: \_\_\_\_\_

11. Present Address in U.S. \_\_\_\_\_  
(Include apartment number, street, city, state or province & postal zone)

12. Contact Ph. No.(Res:)(\_\_\_\_\_) (Work)(\_\_\_\_\_) (Cell)(\_\_\_\_\_) e-mail \_\_\_\_\_

13. Address in Myanmar: \_\_\_\_\_

14. Have you ever been to Myanmar:  Yes  No (If Yes) Date of Last Visit: (dd/mm/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

15. Have you ever been refused to enter Myanmar:  Yes  No (If Yes) When: (dd/mm/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Why: \_\_\_\_\_

16. Purpose of Visit:  Tourism/ \_\_\_\_\_

(Expected date of Arrival: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Flight No. \_\_\_\_\_ & Departure: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Flight No. \_\_\_\_\_  
dd mm yy dd mm yy

**Attention for Applicant:**

(a) Apart from the professions mentioned this visa application from applicants are not to engage in any sort of work, with or without charges.

(b) Applicant shall abide by the Laws of the Republic of the Union of Myanmar and shall not interfere in the Internal Affairs of the Republic of the Union of Myanmar.

(c) Legal action will be taken against those who violate or contravene any provision of the existing 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 any activities irrelevant to the purpose of entry stated herein.**

\_\_\_\_\_  
Signature of Applicant  
Date (dd/mm/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(FOR OFFICE USE ONLY)

Visa No. \_\_\_\_\_ Date: \_\_\_\_\_

Visa Authority: MOFA Lt. No. 46 11 11 (76) Dated: 11 March 1994

(If other): MOFA Lt. No. \_\_\_\_\_, Date: \_\_\_\_\_

Signature of Officer in -Charge

Consulate-General of the Republic of the Union of Myanmar, Los Angeles, U.S.A

Contact: Tel (213) 387-0041, (213)387-0043, Fax (213) 387-0042, e-mail: [myancgla@gmail.com](mailto:myancgla@gmail.com)

**Work History for Visa Applicant**

1. Name in Full (Fill in block letters): \_\_\_\_\_

Surname (As in Passport): \_\_\_\_\_

First Name & Middle Name: \_\_\_\_\_

2. Date of birth (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Place of birth:  U.S., \_\_\_\_\_  (Other): \_\_\_\_\_

4. Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_

5. Tel. (Res.)(\_\_\_\_\_) \_\_\_\_\_ (Work Place) (\_\_\_\_\_) \_\_\_\_\_

(Cell) (\_\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

6. Work Description (**Current**)

(a) Job Title: \_\_\_\_\_

From (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To(dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(b) Office \_\_\_\_\_

Department \_\_\_\_\_

Describe your Duties: \_\_\_\_\_  
\_\_\_\_\_

7. Work Description (**Previous**)

(a) Job Title: \_\_\_\_\_

From (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To(dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(b) Office \_\_\_\_\_

Department \_\_\_\_\_

Describe your Duties: \_\_\_\_\_  
\_\_\_\_\_

I hereby declare that the particular given above are true and correct and that I will not engage in any activities irrelevant to the purpose of my entry.

\_\_\_\_\_  
Signature of Applicant

Date:(dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_