COYAL EMBASSY OF CAMBODIA KINGDOM O	
530 16 th Street N.W. Vashington D.C. 20011 ⁰²⁻⁷²⁶⁷⁷⁴² www.embassyofcambodia.org	ligion - King One (1) Passport picture Recent at least
00-12:00pm / 1:00-4:00pm Monday to Friday	six (6) months
(*) required information	
Purpose of Visit* VISA APPLICA Tourist Official Diplomatic Business Other (Please Specify)	ATION FORM Securely Attached Paste or Stapled L/R (side-to-side)
Last Name: *	Present Occupation: Company: Current Home Address: *
Gender: *	
Birth Nationality * Present Nationality: * Passport Number: * Place of Issue: *	Point of Entry: * Means of Transportation: * Address during the visit: *
Date Issued: *	Point of Exit: *
Date Expire: *	Means of Transportation: * Address during the visit: * First trip to Cambodia:
Sep – Oct – Nov - Dec Day Month Year	FOR MAILING VISA REQUEST Send it to:
 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	Royal Embassy of Cambodia (Visa Application) 4530 16 th 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 MA envelope with a TRACKING NUMBER (recommended) For FedEx & UPS return, insert official receipt that billed to your accour or credit card. Don't put Embassy as the sender.

VISA NUMBER _____

*Signature

TYPE OF VISA _____