

CONSULATE GENERAL OF THE REPUBLIC OF THE UNION OF MYANMAR, NEW YORK
APPLICATION FOR BUSINESS ENTRY VISA

1. Name in Full (Fill in Blocks) _____ / _____ / _____
(First Name) (Middle Name) (Last Name)

2. Father's Name _____ / _____ / _____
(First Name) (Middle Name) (Last Name)

3. Date of Birth (dd/mm/yy) ____ / ____ / ____ 4. Place of Birth _____

5. Nationality _____ 6. Sex (F) / (M)

7. Occupation _____

8. Personal Description
(a) Color of Hair _____ (b) Height _____
(c) Color of Eyes _____ (d) Complexion _____

9. Passport
(a) Number _____ (b) Date of Issue (dd/mm/yy) ____ / ____ / ____
(c) Place of Issue _____ (d) Issuing Authority _____
(e) Date of Expiry (dd/mm/yy) ____ / ____ / ____

10. Permanent Address _____

11. Contact Phone Number (Res.) _____ (Work) _____ (e-mail) _____

12. Address in Myanmar _____

13. Have you ever been to Myanmar? : Yes No (If Yes) Date of Last Visit : (dd/mm/yy) ____ / ____ / ____

14. Purpose of entry into Myanmar _____

15. Expected Date of **Arrival** : ____ / ____ / ____ Flight No. _____ **Departure** : ____ / ____ / ____ Flight No. _____

16. Attention for Applicants:



- (a) Apart from the professions mentioned in this visa application form, applicants are not to engage in any sort of work with or without changes.
- (b) Applicants shall abide by the Law 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 : _____

----- (For Official Use Only) -----

Visa No. _____ Date _____

Visa Authority _____

Signature of Office-in-Charge

Consulate General of the Republic of the Union of Myanmar, New York.

Contact : Tel. (212) 744 1271 / 1275 Fax. (212) 744 1290
e-mail : myanmarconsulateny@verizon.net

CONSULATE GENERAL OF THE REPUBLIC OF THE UNION OF MYANMAR, NEW YORK.

Work History for Visa Applicant



1. Name in Full (Fill in Blocks)
_____ / _____ / _____
(First Name) (Middle Name) (Last Name)
2. Date of Birth (dd/mm/yy) ____ / ____ / ____
3. Place of Birth _____
4. Permanent Home Address : (Include Apartment Number, Street, City, State or Province & Postal Zone)

5. Telephone Number
Home : _____ Work : _____
6. Work Description – Current :
 - (a) Job Title : _____ From-To (mm/yy) _____
 - (b) Office/Section/Division _____
 - (c) Describe your Duties : _____

7. Work Description – Previous :
 - (a) Job Title : _____ From-To (mm/yy) _____
 - (b) Office/Section/Division _____
 - (c) Describe your Duties : _____

8. Work Description – Previous :
 - (a) Job Title : _____ From-To (mm/yy) _____
 - (b) Office/Section/Division _____
 - (c) Describe your Duties : _____

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

Date : _____

Signature of Applicant

THE REPUBLIC OF THE UNION OF MYANMAR

Immigration Department

REPORT OF ARRIVAL

Name _____ is directed to deliver this report to the immigration Authorities on arrival in Myanmar.

Passport No. _____

Place and Date of Issue _____

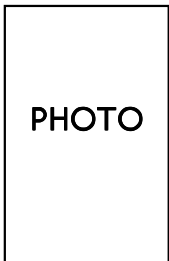
Visa No. and Date _____

Authority, if any _____

Full address in Myanmar _____

Name and Address of Reference _____

Or Guarantor in Myanmar _____



Signature of Passport Holder

Date of Issue

Date of Departure from USA

Date of Arrival in Myanmar

Date of Expiry of Stay in Myanmar