

1625 K Street NW Suite 750 Washington DC 20006 Tel: 888 838 4867 ♦ Email: GEOEX@PinnacleTDS.com

Visa requirements shown below are for CITIZENS OF THE U.S. ONLY. Nationals of all other countries please contact Pinnacle Travel Document Systems directly for specific requirements associated with your itinerary.



MYANMAR

| Visa(s) Req'd | # Forms | # Photos | _ | ost sons - 2 | Application Deadline | Expedite Fee Per Person |
|------------------|------------|-------------|----------|-----------------|------------------------------------|----------------------------|
| Myanmar | 3 | 2 | \$142.00 | \$254.00 | 40 days prior to your departure | \$40.00 |

All visas will be issued for single entry.

Please use enclosed sample information verbatim and substitute your personal information.

Fees shown above include all necessary consular and service fees as well as the cost to ship your passport(s) back from our offices via FedEx within the continental U.S. (Please add \$30.00 to cover extra shipping costs for addresses in Alaska, Hawaii, or Canada.) We strongly suggest that you send your documents to us via FedEx or some other form of traceable overnight courier service.

Please enclose your actual passport along with two (2) photographs, two (2) completed visa application forms and one (1) completed Work History form. (Residents of AK, AZ, CA, NV, NM, OR, WA & HI must complete application form A. Residents of all other states must complete application form B. Please refer to your specific application sample when completing your documents.) Please also enclose two (2) clear photocopies of the vital information page of your passport, a copy of your flight itinerary showing entry and exit to Myanmar and your internal travel itinerary obtained from Geographic Expeditions. Photographs should be recently shot passport-type photos with a clear background approximately 2" x 2" in dimension. (Note that machine or home photographs are not acceptable.) Your passport must be valid for a minimum of six (6) months beyond the completion of your international travel and must have at least three (3) blank unused pages available not including those reserved for amendments and endorsements at the back of your passport. Contact PTDS directly for assistance with renewal of your U.S. passport, as this can easily be done at the same time you apply for your visas.

Applications should be received in our offices no fewer than 40 days prior to your departure from your shipping address. Documents received after the deadline will be subject to the *per person* expediting fee shown above. (Please do not send your documents more than 90 days prior to the departure of your tour due to limited validity of the visa for Myanmar.) Special requests for passports to be expedited due to other travel plans prior to your tour departure may also require expediting fees. If you have international travel between the deadline above and the departure of your tour you may need to obtain a second passport in order to accommodate your travel. Please contact PTDS directly regarding any special processing needs or before submitting documents you expect may be received substantially after the deadline as there may be special requirements and/or additional fees to process your request. It may not be possible to cancel processing of your applications once they have been submitted.

Please note that consular fees, shipping fees and application requirements are subject to change without notice.

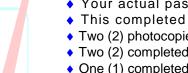
Check or credit card payment accepted. Credit card payment subject to 3.5% surcharge.





PLEASE BE CERTAIN TO RETURN THE FOLLOWING TO:

Pinnacle Travel Document Systems 1625 K Street NW Suite 750 Washington DC 20006



- Your actual passport (Please keep a photocopy for your records.)
- ◆ This completed form
- Two (2) photocopies of the vital information page of passport
- ◆ Two (2) completed visa application forms *per person* for Myanmar
- One (1) completed Work History form per person for Myanmar
- One (1) copy of your flight itinerary showing entry and exit for Myanmar
- One (1) copy of your internal travel itinerary obtained from your tour operator
- Two (2) passport-type color photographs per person (Please leave loose, PTDS will affix.)
- Credit or debit card authorization below

| PLEASE PRINT CLEARLY | | | | |
|---|---|--|--|--|
| Full Name (1): | Full Name (2): | | | |
| Passport #: Exp:/ | Passport #: Exp:/ | | | |
| Home | Home Tel: | | | |
| Mailing | Work Tel: | | | |
| Address: | Email: | | | |
| (FedEx cannot deliver to PO boxes) | Date of Departure from Home: Month / Day / Year - | | | |
| Address | Tour Name: Myanmar | | | |
| For the | Date of Tour Departure: / / / Month Day Year | | | |
| Return of | Special Instructions: | | | |
| Passport: | | | | |
| Tel: | | | | |
| Please indicate below if there are known periods pri- for another international trip or when you will not be | or to your tour during which you will need your passport available to sign for the return of your passport. | | | |
| I will need my passport(s) for other international tra | vel from/to/to/Year | | | |
| I will not be at my home and/or return shipping address from// | | | | |
| CREDIT CARD AUTHORIZATION: AMEX / VISA / MC (please circle one) | | | | |
| Cardholder Name: Signature: | Billing Zip Code: | | | |
| Card #:CID# | Expires: Amount: US\$ | | | |
| GEOEX MYANMAR 2016 (Myanmar25)75 FX 30 142/254 (APP FEE)12 3PGS VAL6MOS TE90DYS | | | | |
| DL40DYS 40.00 3.5% | | | | |
| ©2016 Pinnacle Travel Document Systems | | | | |

ONLINE ORDER COMPLETION & AUTOMATED UPDATES:

If you have not already done so please complete your order online. This will allow you to create an inbound FedEx shipping label to securely send your documents to us and pay all required fees online. This will also allow you to receive automated email updates regarding the progress of your documents. Please locate and click on the name or number of your specific program at the link below to complete your order.

www.PinnacleTDS.com/Geoex

IMPORTANT NOTICE - PASSPORT PAGES & VALIDITY:

You must have at least three (3) blank unused pages available in your passport for visas and entry/exit stamps. In addition, your passport must be valid for six (6) months beyond the completion of your international travel. If you are a U.S. citizen and do not have the adequate number of pages or validity you will need to renew your passport since the U. S. Passport Agency will no longer add pages. Pinnacle Travel Document Systems can easily assist you with this at the same time your visas are being processed. The total additional fees for this service (including U.S. government expediting fee) is \$264.00 for passport renewals and second passports. We can also assist you with expediting first time passport applications.

You will need to complete an application form and a letter of authorization for PTDS and must send your actual passport to us. Specific requirements and the necessary forms are available for download from our Internet site:

Passport Renewals
First Time Passports
Second Passports
www.Traveldocs.com/PTDSPassports

You may also contact us at Geoex@PinnacleTDS.com or 888-838-4867 and we will send you an instruction kit.

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

Copy No. 2

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 | Official use only |
|-----|--|---------------------------------|
| | APPLICATION FOR TOURIST VISA | D E.V.T (F.I.T) |
| 1. | Name in Full (Fill in Block Letters) | ☐ E.V.T (Package Tour) |
| | JOHNATHAN / BONHAM / DOE | (c wormge 10u1) |
| | (First Name) (Middle Name) (Last Name) | |
| 2 | Father's Full Name JOHANN / SEBASTIAN / DOE | |
| 2. | (First Name) (Middle Name) (Last Name) | РНОТО |
| 3. | Date of Birth (dd/mm/yy): 13 / 03 / 1961 | 1000 |
| 4. | Place of Birth (City/State/Country) LOS ANGELES / CALIFORNIA / USA | Recently taken |
| 5. | Nationality: Q U.S./ Q (Others):4. Sex Q (F) / Q (M) | color photo |
| 6. | | with full face, front view, |
| 0. | (If retired write "retired", if student write "student") | no hat and against |
| 7. | Marital Status: Married Separated Divorced Widowed Single (Never Married) | a plain light background |
| 8. | Spouse's Full Name: JOANNA BACH DOE | |
| 0. | Personal Description | |
| 9. | (a) Color of Hair BROWN (b) Height: Im cm / Ift 6 in. 5 | |
| ٦. | (c) Color of Eyes BLUE (d) Complexion CAUCASIAN | |
| | Passport (d) Complexion CACCAGIAIV | 4 |
| 10 | (a) Number 987654321 (b) Date of Issue (dd/mm/yy) 12 / 06 / 2010 | = |
| 10. | (c) Date of Expiration (dd/mm/yy) 11 a / 06 / 2020 | |
| | (d) Place of Issue: (e) Issuing Authority: | |
| | United States, Department of State/ | |
| | Other: National Passport Center/ Other: | |
| 11 | Present Address in U.S. 1234 MAIN STREET, ANYWHERE CALIFORNIA USA | |
| 11, | (Include apartment number, street, city, state or province & postal zone) | |
| 12 | Contact Ph. No.(Res:)(999) 888-7777 (Work)() N/A (Cell)(999) 666-3333 | e-mail JDOE@ABC.COM |
| | Address in Myanmar: PER YOUR ITINERARY | e-man_JDOE@ABC.COM |
| | Have you ever been to Myanmar: DYes DNo (If Yes) Date of Last Visit: (dd/mm/yy) / | 1 |
| | Have you ever been refused to enter Myanmar: QYes QNo (If Yes) When: (dd/mm/yy) | |
| 15. | Why: PLEASE CONTACT PTDS IF YES | |
| 16 | Purpose of Visit: Tourism/ PRE PAID TOUR WITH GEOGRAPHIC EXPEDITIONS | |
| 10. | (Expected date of Arrival: P Y / I Flight No. PYI & Departure: Pm/ Y / I | Flight No. PYI |
| | dd mm yy dd mm y | |
| Att | tention 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 inter | fere 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 the Republic of the Union of Myanmar. | laws, rules and regulations of |
| | I hereby declare that I fully understand the above mentioned conditions, that the particular | |
| | correct and that I will not engage in any activities irrelevant to the purpose of entry stated | horoin |
| | sorree and many activities in elevant to the purpose of entry stated | nerem. |
| | PLEASE DO NOT FORGET TO SIGN AND DATE ALL APPLIC | ATION EODING |
| Г | FLEASE DO NOT FORGET TO SIGN AND DATE ALL AFFLIC | ATION FORMS |
| | | |
| | Sign | nature of Applicant |
| | Date (dd/mm/ | vv) / / |
| | (FOR OFFICE USE ONLY) | ••• |
| Vi | sa No Date: | |
| Vi | sa Authority: MOFA Lt. No. 46 11 11 (76) Dated: 11 March 1994 | |
| (If | other): MOFA Lt. No, Date: | |
| 383 | | |
| | Sign | ature 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

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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

Work History for Visa Applicant

| 1. | Name in Full (Fill in block letters): JOHNATHAN BONHAM DOE | | | | | |
|--|---|--|--|--|--|--|
| Surname (As in Passport): DOE | | | | | | |
| | First Name & Middle Name: JOHNATHAN BONHAM | | | | | |
| 2. | Date of birth (dd/mm/yy) 13 / 1961 | | | | | |
| 3. | Place of birth: U.S., LOS ANGELES, CA (Other): | | | | | |
| 4. Permanent Home Address: 1234 MAIN STREET, ANYWHERE CALIFORNIA USA 98765 | | | | | | |
| | | | | | | |
| 5. | Tel. (Res.)(999) 888-7777 (Work Place) () NOT APPLICABLE | | | | | |
| | (Cell) (999) 666-3333 e-mail: JDOE@ABC.COM | | | | | |
| 6. | Work Description (Current) | | | | | |
| | (a) Job Title: ENGINEER | | | | | |
| | From (dd/mm/yy) 09 / 06 / 2000 To(dd/mm/yy) 08 / 09 / 2015 | | | | | |
| | (b) Office ENGINEERING | | | | | |
| | Department ENGINEERING | | | | | |
| | Describe your Duties: ENGINEERING | | | | | |
| | | | | | | |
| 7. | Work Description (Previous) | | | | | |
| | (a) Job Title: PRODUCTION MANAGER | | | | | |
| | From (dd/mm/yy) 12 10 / 1990 To(dd/mm/yy) 08 / 06 / 2000 | | | | | |
| | (b) Office PRODUCTION | | | | | |
| | Department_PRODUCTION | | | | | |
| | Describe your Duties: PRODUCTION | | | | | |
| | | | | | | |
| | I hereby declare that the particular given above are true and correct and that I will not engage in any | | | | | |
| act | civities irrelevant to the purpose of my entry. | | | | | |
| | PLEASE DO NOT FORGET TO DATE AND SIGN ALL APPLICATIONS | | | | | |
| | | | | | | |
| | Signature of Applicant | | | | | |
| 9-3100-00 | Date:(dd/mm/yy)// | | | | | |

Copy No. 1

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 Official use only APPLICATION FOR TOURIST VISA □ E.V.T (F.I.T) 1. Name in Full (Fill in Block Letters) ☐ E.V.T (Package Tour) (Middle Name) (First Name) Father's Full Name РНОТО (First Name) (Middle Name) Date of Birth (dd/mm/yy):____/__/_ Recently taken Place of Birth (City/State/Country)___/ color photo Nationality: 1 U.S./ 1 (Others): 4. Sex (F) / 1 (M) 5. 6. Present Occupation: with full face, front view, (If retired write "retired", if student write "student") no hat and against a plain light background Marital Status:

Married Separated Divorced Widowed Single (Never Married) 8. Spouse's Full Name: Personal Description 9. (a) Color of Hair ______(b) Height: 0 m _____ cm ___ / 0 ft _____ in. _____ Passport

10. (a) Number (b) Date of Issue (dd/mm/yy) / / (c) Date of Expiration (dd/mm/yy) / / / (Date of Expiration (dd/mm/yy) / / (Date of Expiration (dd/mm/yy) / Passport (d) Place of Issue:

(e) Issuing Authority:

United States,

United States, Department of State/ □ National Passport Center/ □ Other: 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: Tyes No (If Yes) Date of Last Visit: (dd/mm/yy) ____/__/ 15. Have you ever been refused to enter Myanmar: Tyes No (If Yes) When: (dd/mm/yy) 16. Purpose of Visit: Tourism/ PRE-PAID TOUR WITH GEOGRAPHIC EXPEDITIONS (Expected date of Arrival: / / Flight No. & Departure: / / 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.

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

Visa Authority: MOFA Lt. No. 46 11 11 (76) Dated: 11 March 1994 (If other): MOFA Lt. No.______, Date:_____

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

Official use only APPLICATION FOR TOURIST VISA 0 E.V.T (F.I.T) 1. Name in Full (Fill in Block Letters) ☐ E.V.T (Package Tour) / (Middle Name) РНОТО Date of Birth (dd/mm/yy):____/__/ Recently taken Place of Birth (City/State/Country)___/ color photo Nationality: U.S./ (Others): 4. Sex (F) / (M) 6. Present Occupation: with full face, front view, no hat and against (If retired write "retired", if student write "student") a plain light background Marital Status: Married Separated Divorced Widowed Single (Never Married) Spouse's Full Name: Personal Description 9. (a) Color of Hair _____ (b) Height: Im _____ cm ___ / Ift ____ 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) / / (c) Issuing Authority (e) Issuing Authority: (d) Place of Issue:

United States,

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: Tyes 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)

/ 16. Purpose of Visit: Tourism/PRE-PAID TOUR WITH GEOGRAPHIC EXPEDITIONS (Expected date of Arrival: / / Flight No. & Departure: / / Flight No. 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



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

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: 0 U.S., 0 (Other): |
| | 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)// |
| | (b) Office |
| | Department |
| | Describe your Duties: |
| | |
| 90 | I hereby declare that the particular given above are true and correct and that I will not engage in any tivities irrelevant to the purpose of my entry. |
| ac | divides inferevally to the purpose of my entry. |
| | |
| | |
| | Signature of Applicant Date:(dd/mm/yy)/ / |
| | Date.(dd/mm/yy)//////_ |

GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR MINISTRY OF IMMIGRATION AND POPULATION

DIRECTORATE OF IMMIGRATION AND NATIONAL REGISTRATION IMMIGRATION DEPARTMENT APPLICATION FOR ENTRY TOURIST VISA

РНОТО

| 1. | Name in full (In Block Letters) JOHNATHAN BONH | AM DOE |
|--------|---|---|
| 2. | Father's Name in full JOHANN SEBASTIAN DOE | |
| 3. | Nationality USA | 4. Sex MALE |
| 5. | Date of Birth MARCH 13, 1961 | 6. Place of Birth LOS ANGELES, CA |
| 7. | Occupation ENGINEER | o. Trace of Birth |
| 8. | Personal description | |
| | (a) Color of hair BROWN | (b) Hight 6 FEET 2 INCHES |
| | (c) Color of eyes BLUE | (d) Complexion CAUCASIAN |
| 9. | Passport | |
| | (a) Number 9876543210 | (b) Date of issue JANUARY 24, 2010 |
| | (c) Place of issue US DEPT OF STATE | (d) Issuing Authority DEPT OF STATE |
| | (e) Date of expiry JANUARY 23, 2020 | |
| 10. | Permanent address 1234 MAIN STREET ANYWHER | E, CA. USA |
| 11. | Address in Myanmar PER YOUR ITINERARY | |
| 12. | Purpose of entry into Myanmar TOURISM - PREPA | ID TOUR |
| 13. | Attention for Applicants | |
| partic | (a) Applicant shall abide by the Laws of the Reput not interfere in the internal affairs of the Reput (b) Legal actions will be taken against those who we the existing laws, rules and regulations of the Reby declare that I fully understand the aboutars given above are true and correct and the part to the purpose of entry stated herein. | lic of the Union of Myanmar. riolate or contravene any provision of epublic of the Union of Myanmar. ve mentioned conditions, that the |
| | PLEASE DO NOT FORGET TO SIGN . | AND DATE YOUR APPLICATION |
| \ | Date | Signature of Applicant |
| - | (FOR OFFICIAL USE (| ONLY) |
| Visa N | No | Date |
| | Authority | |
| Date_ | | |
| Place | Washington D.C, United States of America | Embassy of the Republic of the Union Of Myanmar, Washington D.C. |

Embassy of the Republic of the Union of Myanmar Washington D.C.

Work History for Visa Applicant

1. Name in Full (Fill in block letters): JOHNATHAN BONHAM DOE

Surname (As in Passport): DOE

| | First Name & Middle Name: JOHNATHAN BONHAM | |
|-----|---|------|
| 2. | 2. Date of birth (dd/mm/yyyy) 13 / 03 / 1961 | |
| | 8. Place of birth: U.S., LOS ANGELES, CA | |
| 4. | Permanent Home Address: 1234 MAIN STREET ANYWHERE, CA USA | |
| | | |
| 5. | 6. Tel. (Res.) (999) <u>888-7777</u> (Work Place) (994) <u>888-6666</u> e-mail: <u>JDOE@ANYWHERE.COM</u> | |
| 6. | Work Description (Current) | |
| | (a) Job Title : ENGINEER | |
| | From(dd/mm/yyyy): 09 /07 /2005 -To (dd/mm/yyyy) 06 /25 /2014 (b) Office ENGINEERING | |
| | Department ENGINEERING | |
| | Describe your Duties: ENGINEERING | |
| | | |
| | | |
| 7. | Work Description (Previous) | |
| | (a) Job Title: PRODUCTION MANAGER | |
| | From (dd/mm/yyyy) 12 / 10 / 1990 To (dd/mm/yyyy) 09 / 07 / 2005 | |
| | (b) Office PRODUCTION | |
| | Department PRODUCTION | |
| | Describe your Duties: PRODUCTION | |
| | | |
| | I hereby declare that the particulars given above are true and correct and that I will not engage in | anv |
| act | activities irrelevant to the purpose of my entry. | arry |
| 40 | ientification in a parpesse of my only. | |
| | PLEASE DO NOT FORGET TO SIGN AND DATE YOUR APPLICATION | N |
| | | |
| | Signature of Ap | • |
| | Date: (dd/mm/yyyy) / / | |
| Up | lp Dated : May, 2014 | |

GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR MINISTRY OF IMMIGRATION AND POPULATION

DIRECTORATE OF IMMIGRATION AND NATIONAL REGISTRATION IMMIGRATION DEPARTMENT APPLICATION FOR ENTRY TOURIST VISA

РНОТО

| 1. | Name in full (In Block Letters) | |
|--------|---|---|
| 2. | Father's Name in full | |
| 3. | Nationality | 4. Sex |
| 5. | Date of Birth | 6. Place of Birth |
| 7. | Occupation | |
| 8. | Personal description | |
| | (a) Color of hair | (b) Hight |
| | (c) Color of eyes | (d) Complexion |
| 9. | Passport | |
| | (a) Number | (b) Date of issue |
| | (c) Place of issue | (d) Issuing Authority |
| | (e) Date of expiry | |
| 10. | Permanent address | |
| 11. | Address in Myanmar | |
| 12. | Purpose of entry into Myanmar TOURISM - PRE | PAID TOUR |
| 13. | Attention for Applicants | |
| parti | not interfere in the internal affairs of the Rep (b) Legal actions will be taken against those whethe existing laws, rules and regulations of the reby declare that I fully understand the culars given above are true and correct and evant to the purpose of entry stated herein. Date | o violate or contravene any provision of e Republic of the Union of Myanmar. above mentioned conditions, that the |
| - | (EOD OFFICIAL US | E ONI V |
| | (FOR OFFICIAL US | E OMLI) |
| Visa ? | No. | Date |
| Visa. | Authority | |
| | | |
| Date_ | W. I D.O. II I.G CA | D. 1 (4 . D. 11' - C4 - 11' |
| Place | Washington D.C, United States of America | Embassy of the Republic of the Union Of Myanmar, Washington D.C |

GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR MINISTRY OF IMMIGRATION AND POPULATION

DIRECTORATE OF IMMIGRATION AND NATIONAL REGISTRATION IMMIGRATION DEPARTMENT APPLICATION FOR ENTRY TOURIST VISA

РНОТО

| 1. | Name in full (In Block Letters) | |
|--------|---|---|
| 2. | Father's Name in full | |
| 3. | Nationality | 4. Sex |
| 5. | Date of Birth | 6. Place of Birth |
| 7. | Occupation | |
| 8. | Personal description | |
| | (a) Color of hair | (b) Hight |
| | (c) Color of eyes | (d) Complexion |
| 9. | Passport | |
| | (a) Number | (b) Date of issue |
| | (c) Place of issue | (d) Issuing Authority |
| | (e) Date of expiry | |
| 10. | Permanent address | |
| 11. | Address in Myanmar | |
| 12. | Purpose of entry into Myanmar TOURISM - PRE | PAID TOUR |
| 13. | Attention for Applicants | |
| parti | not interfere in the internal affairs of the Rep (b) Legal actions will be taken against those whethe existing laws, rules and regulations of the reby declare that I fully understand the culars given above are true and correct and evant to the purpose of entry stated herein. Date | o violate or contravene any provision of e Republic of the Union of Myanmar. above mentioned conditions, that the |
| - | (EOD OFFICIAL US | E ONI V |
| | (FOR OFFICIAL US | E OMLI) |
| Visa ? | No. | Date |
| Visa. | Authority | |
| | | |
| Date_ | W. I D.O. II I.G CA | D. 1 (4 . D. 11' - C4 - 11' |
| Place | Washington D.C, United States of America | Embassy of the Republic of the Union Of Myanmar, Washington D.C |

Embassy of the Republic of the Union of Myanmar Washington D.C.

Work History for Visa Applicant

| 1. | Nam | ne in Full (Fill in block letters): | |
|----|-------|--|------------------------|
| | Surr | name (As in Passport): | |
| | First | t Name & Middle Name: | |
| 2. | Date | e of birth (dd/mm/yyyy) / / | |
| 3. | Plac | ee of birth: U.S., (Other): | |
| 4. | Perr | manent Home Address: | |
| 5. | Tel. | (Res.) () (Work Place) () | |
| | e-m | ail: | |
| 6. | Wor | k Description (Current) | |
| | (a) | Job Title : | |
| | | From(dd/mm/yyyy):/To (dd/mm/yyyy) / / | |
| | (b) | Office | - |
| | | Department | |
| | | Describe your Duties: | |
| 7. | | k Description (Previous) | |
| | (a) | Job Title: | |
| | 4. > | From (dd/mm/yyyy) / / To (dd/mm/yyyy) / / | |
| | (b) | Office | - |
| | | Department | |
| | | Describe your Duties: | |
| | | | - |
| | I he | reby declare that the particulars given above are true and correct and that I will | not engage in any |
| ac | | es irrelevant to the purpose of my entry. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | S | Signature of Applicant |
| | | Date: (dd/mm/yy | ryy) / / |

Up Dated: May, 2014