

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 VISA / BUSINESS VISA

35x45 mm
Photo
Stick here

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) Colour of hair _____ (b) Height _____
(c) Colour 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. Telephone Number _____
12. Address in Myanmar _____
13. Purpose of entry into Myanmar _____
14. Name and address of guarantor during stay in Myanmar _____

15. Financial resources in Myanmar

- (a) Cash (Kyats and Foreign Currency) _____
(b) Bank Deposit _____
(c) Name of Bank _____
(d) Amount _____

16. Attention for Applicants

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

Date _____

Signature of applicant

(FOR OFFICIAL USE ONLY)

Visa No _____

Date _____

Visa authority: MOFA's Telex No. 46 11 11 (76)

Dated 11 March 1994

Date _____
Place Hong Kong SAR

Consulate -General of
The Republic of the Union of Myanmar

REPUBLIC OF THE UNION OF MYANMAR
MINISTRY OF RELIGIOUS AFFAIRS
DEPARTMENT OF THE PROMOTION AND PROPAGATION
OF THE SASANA KABA-AYE, YANGON
APPLICATION FOR THE STUDY OF THE THERAVADA BUDDHISM
IN MYANMAR

Mr./Mrs./Miss

Name (in block letters) Surname

Nationality

Age, date of birth

Place of birth

Education qualification

Profession

Experience

Present address

Permanent address

Passport No.

Issued at

Date of issue

Expiry date

Purpose of visit

Short visit/Long study

Date of arrival in Myanmar

Duration of proposed stay

Travelling by

Signature

Date

UNDERTAKING

I, undersigned, hereby declare that I will abide by the existing rules and regulations of the Republic of the Union of Myanmar and instructions of the Department of the Promotion and Propagation, Ministry of Religious Affairs during my stay in the Republic of the Union of Myanmar.

(Signature)

Name: _____

Passport No. _____

Date:

Place: Hong Kong