

Mail documents to: VisaHQ.com Inc.

501 Fifth Avenue Suite 1111

New York, NY 10017

Tel: (800)345-6541



Myanmar Tourist visa Application

Please enter your contact information			
Name:			
Email:			
Tel:	Mobile:		
The latest date you need your passport returned in time for your travel:			
✓ Myanmar tourist visa checklist			
Filled out and signed Myanmar tourist visa applica	ation form. The form is encl	osed.	
Original passport. Passport must have at least 6 month	hs remaining validity and ha	ve at least 1 visa page.	
3 Photographs. Standard passport photographs 2x2 inc	ches on a white background.		
Payment. Credit Card Authorization form, Certified Ched	ck, or Money Order payable t	to VisaHQ.com.	
Return mailer. Prepaid self-addressed return label or po	ayment for FedEx.		
If you wish to prepay return shipping, please add the	chinning fee to the total a	and provide return address:	
	Name:	ina provide retarn address.	
FedEx 2nd day delivery - add \$15 FedEx Standard Overnight - add \$20	Company:		
FedEx Priority Overnight - add \$25	Address:		
FedEx Saturday delivery - add \$45			
FedEx First Overnight - add \$65	City:		
Prepaid self addressed mailer - \$0	State:	Zip:	
Local pick up in Washington - \$0		·	
Itinerary. Copy of round trip tickets or confirmed itinera	ary.		
Hotel Reservations. Copy of confirmed hotel reservations.	ons.		



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Myanmar tourist visa fees for citizens of United States

Type of visa	Max. validity	Embassy fee	Our fee	Processing time	Total
Single entry	up to 90 days	\$20.00	\$49.95	7 business days	\$69.95



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Credit Card Authorization Form

I authorize VisaHQ.com to charge my credit card for the amount of \$		
Name on the Credit Card:		
Credit Card number:		
Exp. date: /		
Credit Card Billing Address:		
Signature:		
Comments:		
Thank you! We accept all major credit cards.		
WISA PayPal GSA SmartPay® 2		

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

1.	Nam	e in Full (Fill in Blocks)	PLICATION	N FOR IC	DUKIST ENTRY	VISA	
1.	Nam	/ (Till (Till Till Diocks)			/		
		(First Name)	(Middle N	lame)		(Last Name)	PHOTO
2.	Fathe	er's Name	/		/		2x2
		(First Nam	e)	(Middle	Name)	(Last Name)	
3.	Date	of Birth (dd/mm/yy)/	1	4.	Place of Bir	rth	
5.	Natio	onality		6.	Sex _	¬ (F) / □ (M)	
7.	Occi	upation			_		
8.	Perso	onal Description					
	(a)	Color of Hair		(b)	Height		
	(c)	Color of Eyes		(d)	Complexio	n	
9.	Passp	oort					
	(a)	Number		(b)	Date of Issu	ue (dd/mm/yy)/	/
	(c)	Place of Issue		(d)	Issuing Aut	hority	
	(e)	Date of Expiry (dd/mm/					
10.	Perm	nanent Address					
11.	Cont	cact Phone Number (Res.)_		(Wor	k)	(e-mail)	
12.							
13.	Have	e you ever been to Myanmo	${ m ir} ?$: Yes ${ m extsf{ iny f}}$	¬No ┌	l (If Yes) Date	e of Last Visit : (dd/mm/y	y)
14.	Purpo	ose of entry into Myanmar					
15.	Expe	ected Date of Arrival :/	/	light No	De	eparture: <u>//</u>	Flight No.
16.	Atter	ntion for Tourists:					
	(a)	Apart from the professions mentione	ed in this visa ap	oplication fo	rm, applicants are	not to engage in any sort of work	with or without changes.
	(b)	Applicants shall abide by the Law of Union of Myanmar.	of the Republic	of the Unior	of Myanmar and	shall not interfere in the Internal A	ffairs of the Republic of the
	(c)	Legal action will be taken against the Union of Myanmar.	those who violo	ite or contro	vene any provision	n of the existing laws, rules and rea	gulations of the Republic of
	l here	by declare that I fully understand	the above	mentioned	d conditions, tha	t the particulars given above	e are true and correct
	and th	hat I will not engage in any activi	ities irrelevar	nt to the pu	urpose of entry s	tated herein.	
						Signature o	of Applicant
Date :							
			(For	Official U	lse Only)		
Visa N	lo		Date	·			
Visa A	uthorit	У					
						-	

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) **PHOTO** 2x2 (Middle Name) (Last Name) Date of Birth (dd/mm/yy) ___/__/ 2. 3. Place of Birth 4. Permanent Home Address: (Include Apartment Number, Street, City, State or Province & Postal Zone) Telephone Number 5. Home: Work: Work Description — Current: 6. Job Title : From-To (mm/yy) _____ (a) Office/Section/Division (b) Describe your Duties : (c) 7. Work Description — Previous: Job Title: From-To (mm/yy) (a) (b) Office/Section/Division (c) Describe your Duties : 8. Work Description — Previous: Job Title : _____ From-To (mm/yy) _____ (a) Office/Section/Division (b) (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. Signature of Applicant Date : _____

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 i
Myanmar.	
Passport No	
	
PHOTO	Signature of Passport Holder
	Visa Issuing Officer
	Date of Issue
	Date of side

Date of Departure from USA

Date of Arrival in Myanmar

Date of Expiry of Stay in Myanmar