## CONSULATE-GENERAL OF THE REPUBLIC OF THE UNION OF MYANMAR 3435 WILSHIRE BOULEVARD, SUITE 1590, L A., CA 90010, TEL (213) 387-0041, (213) 387-0043, Fax (213) 387-0042 APPLICATION FOR ENTRY VISA / BUSINESS VISA

1. Name in Full (Fill in Blo	ne in Full (Fill in Block Letters)						
	/	/		Recently taken			
(First Name) 2. Father's Full Name  3. Date of Birth (dd/mm/y)	(Mide	dle Name)	(Last Name)	color photo			
2. Father's Full Name	/		1	with full face, front view,			
	(First Name)	(Middle Name)	(Last Name)	no hat and against			
3. Date of Birth (dd/mm/yy	y):/			a plain light background			
<ol> <li>Date of Birth (dd/mm/yy</li> <li>Place of Birth (City/Sta</li> </ol>	te/Country)	//	/				
(Official Name: Country	is Myanmar, City is	Yangon)					
(Official Name: Country 5. Nationality: \$\Pi\$ U.S./\$\Pi\$	Others):		$\_4$ . Sex $\square(F) / \square(M)$				
<ol><li>Present Occupation:</li></ol>							
(If retired write "retired" 7. Marital Status:   Married 8. Spouse's Full Name:	d OSeparated ODivor	ced DWidowed DSing	le (Never Married)				
Passport							
9. (a) Number			/				
(c) Date of Expiration (d	ld/mm/yy)/	(e) Issuing Authority					
(d) Place of Issue:							
United States,		_ United States	, Department of State/				
Other:		_ National Pass	sport Center/ [] (if other	rs):			
10. Present Address in U.S.							
(Include apartment num	ber, street, city, state o	or province & postal zo	one)				
11. Contact Ph. No.(Res:)(_	(	Work)()	(Cell)()	e-mail			
12. Address in Myanmar:							
13. Have you ever been to N	Myanmar: OYes ONo	(If Yes) Date of Last V	/isit: (dd/mm/yy)				
				/			
15. Expected date of <b>Arriva</b>	<b>l</b> : (dd/mm/yy)	//	_& <b>Departure</b> : (dd/mm/	yy)/			
16. Name and address of Gu	Name and address of Guarantor during stay in Myanmar						
17. Attention for Applican	t:						
(a) Apart from the pro without charges.	(a) Apart from the professions mentioned this visa application from applicants are not to engage in any sort of work, with o						
	(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 th	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 an	y activities irrelevant	to the purpose of entry	stated herein.			
				Signature of Applicant			
		,		d/mm/yy)//			
V' N.		(FOR OFFICE USE ONI	X)				
Visa NoMOEA LA N		4- d. C A ::1 100 4					
Visa Authority: MOFA Lt. N	vo. 46 11 11 (110) Dai	tea: 6 April 1994					
(If other): MOFA Lt. No		, Date:	//	_			

Signature of Officer in-Charge

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, L A., CA 90010, TEL (213) 387-0041, (213) 387-0043, Fax (213) 387-0042 APPLICATION FOR ENTRY VISA / BUSINESS VISA

1.	Name in Full (Fill in Block Letters)	РНОТО					
		Recently taken					
	(First Name) (Middle Name) (Last Name)	color photo					
2	(First Name) (Middle Name) (Last Name)						
۷.	Father's Full Name/	with full face, front view, no hat and against					
3.	Date of Birth (dd/mm/yy):/	a plain light background					
4.	Date of Birth (dd/mm/yy):// Place of Birth (City/State/Country)////						
	(Official Name: Country is Myanmar, City is Yangon)						
5.	Nationality: $\square$ U.S./ $\square$ (Others):4. Sex $\square$ (F) / $\square$ (M)						
6.	Present Occupation:						
	(If retired write "retired", if student write "student", if self employ: mention specifically)						
	Marital Status:						
8.	1						
	Passport						
9.	(a) Number(b) Date of Issue (dd/mm/yy)/						
	(c) Date of Expiration (dd/mm/yy)/						
	(d) Place of Issue: (e) Issuing Authority:						
	United States,   United States, Department of State/						
	Other: Onational Passport Center/ (if others):						
10.	Present Address in U.S						
	(Include apartment number, street, city, state or province & postal zone)						
11.	Contact Ph. No.(Res:)()(Work)()(Cell)()_	e-mail					
12.	Address in Myanmar:						
13.	Have you ever been to Myanmar: DYes DNo (If Yes) Date of Last Visit: (dd/mm/yy)/	/					
14.	Have you ever been refused to enter Myanmar: DYes DNo (If Yes) When: (dd/mm/yy)/	/					
15	Expected date of <b>Arrival</b> : (dd/mm/yy)/& <b>Departure</b> : (dd/mm/yy)						
	Name and address of Guarantor during stay in Myanmar						
10.	Traine and address of Guarantoi during stay in Myaninai						
17.	Attention for Applicant:	· · · · · · · · · · · · · · · · · · ·					
	(a) Apart from the professions mentioned this visa application from applicants are not to engage is without charges.	n any sort of work, with or					
	(b) Applicant shall abide by the Laws of the Republic of the Union of Myanmar and shall not interful the Republic of the Union of Myanmar.	ere in the Internal Affairs of					
	(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 h	erein.					
	Signs	ture of Applicant					
		y)/					
	(FOR OFFICE USE ONLY)						
	(201020020101)						
Vis	a NoDate:						
Vis	a Authority: MOFA Lt. No. 46 11 11 (110) Dated: 6 April 1994						
Œέ	other): MOFA Lt. No, Date:/						
(11 (	, 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

## **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:   U.S.,   O(Other):
4.	Permanent Home Address:
5.	Tel. (Res.)()(Work Place) ()
	(Cell) ()e-mail:
6.	Work Description (Current)
	(a) Job Title:
	From (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:
	I hereby declare that the particular given above are true and correct and that I will not engage in any
act	tivities irrelevant to the purpose of my entry.
	Signature of Applicant
	Date:(dd/mm/yy) /