

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

APPLICATION FOR BUSINESS ENTRY VISA

1.	Name in Full (Fill in Blocks)			PHOTO 2x2	
	(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	<input type="checkbox"/> (F) / <input type="checkbox"/> (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 <input type="checkbox"/> No <input type="checkbox"/> (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**

**PHOTO  
2x2**

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.

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 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 \_\_\_\_\_

PHOTO

\_\_\_\_\_  
Signature of Passport Holder

\_\_\_\_\_  
Visa Issuing Officer

\_\_\_\_\_  
Date of Issue

Date of Departure from USA

Date of Arrival in Myanmar

Date of Expiry of Stay in Myanmar