

GOVERNMENT OF THE UNION OF MYANMAR  
MINISTRY OF IMMIGRATION AND POPULATION  
DIRECTORATE OF IMMIGRATION AND NATIONAL REGISTRATION  
IMMIGRATION DEPARTMENT  
APPLICATION FOR ENTRY VISA / BUSINESS VISA  
(To be handed over to the immigration officer at the port)

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. Address in Myanmar .....
12. Purpose of entry into Myanmar : ..... **TOUR** .....
13. Name and address of guarantor during stay in Myanmar : ..... **RUBYLAND TOURISM SERVICES.,**  
.....  
..... **No.16, Aung San Stadium, Kun Chan Road, In Front Of Central Railway Station, Yangon , Myanmar.** .....
14. **Financial resources in Myanmar**
  - (a) Cash (Kyats & Foreign Currency): .....
  - (b) Bank deposit : .....
  - (c) Name of bank : .....
  - .....
  - (d) Amount : .....
15. **Attention for applicants**
  - (a) Apart from the professions mentioned in this visa application form applicants are not engage in any sort of work with or without charges.
  - (b) Applicants shall abide by the Laws of the Union of Myanmar and shall not interfere in the international affairs of the Union of Myanmar.
  - (c) Legal action will be taken against those who violate or contravene any provision of the existing ways, rules and regulations of the Union of Myanmar.

I hereby declare that 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 : .....

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Signature of applicant

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**( FOR OFFICE USE ONLY )**

Visa No.: .....

Date : .....

Vis authority : .....

Date : .....

Signature of Officer - In-Charge

Place : .....