



# VISA APPLICATION OF MONGOLIA

<b>A. Personal data &amp; Employment details</b>	Surname:			Please complete the form in block letters or type.	<b>Recent Photograph</b>	
	Given names:					
	Other names ( Name given at birth/ assumed/ previous/ maiden etc)					
	Date of birth:	Country of birth:				
	Nationality:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
	Address: Street City Country			Phone:	<b>FOR OFFICIAL USE ONLY</b>	
				E-mail:		
	Your father's full name:			ДТГ-ын код	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> Яаралтай <input type="radio"/> Энгийн
	Your mother's full name:			ГХЯ-ны зөвшөөрөл/Урилга Дугаар : Огноо :		
	Profession & Position:		Employer:		ГИХАЭА-ны зөвшөөрөл Дугаар : Огноо :	
Employer's address			Бусад үндэслэл:			
			Phone:			
<b>B. Family record</b>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
	Spouse name			Nationality		Олгосон визийн
	Children (Complete this section if children included on your passport and traveling with you)					
	Names		Date & place of birth		Nationalities	Төрөл
						Ангилал
					Ялгаа	
					Огноо	
					Хураамж	
					Үйлчилгээ	
<b>C. Passport</b>	Type <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Ordinary		Number	Issuing authority		Гарын үсэг
	Date of Issue		Validity	Place of issue		Тусгай тэмдэглэл:
	Dependents included on your passport (if deferent from above)					
<b>D. Travel info</b>	Purpose of stay (explain details)					
	Reference in Mongolia :		Address&Phone(during your stay)			
	Address:					
	Phone:					
	Means of support (during your stay) <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Other		Duration of stay:			
	Arrival date:	Departure date :		Means of transport:		
Visa requested: <input type="checkbox"/> Entry <input type="checkbox"/> Entry & Exit <input type="checkbox"/> Exit <input type="checkbox"/> Transit. Select appropriate if required => <input type="radio"/> Double <input type="radio"/> Multiple						

<b>E. Background info</b>	Have you visited Mongolia before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give dates and lengths of each stay
	Have you ever been refused a visa or entry clearance at the Mongolian Diplomatic Missions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the reasons.
	Have you ever been deported, removed or otherwise required to leave Mongolia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give the details
	Have you ever been deported from another country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details.
	Have you ever got any infectious disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details.
	Have you done HIV test during the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give the results.
	Emergency contact in applicant's country		
<b>F. Commitments</b>	I agree to my personal data on this application form being communicated to the appropriate authorities of Mongolia if necessary for the issue of visa		
	I declare that to the best of my knowledge the above particulars are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of Mongolia.		
	I undertake to leave the territory of Mongolia upon the expire to the visa, if granted.		
	I realize that possession of a visa is only on or the prerequisites for entry into the territory of Mongolia. If entry is refused I will have no claim to compensation.		
<b>G. Control sector</b>	I would get registered upon my arrival in Mongolia at the Foreign Citizens and Naturalization Office and get deregistered before the departure at same office, if my stay lengths over thirty days.		

Place \_\_\_\_\_

Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_

(In case of minors, signature of parents or guardian)