

1625 K Street NW Suite 750 Washington DC 20006 Tel: 888 838 4867 ♦ Email: <u>AHI@PinnacleTDS.com</u>

Visa requirements shown below are for U.S. & CANADIAN PASSPORT HOLDERS ONLY. Nationals of all other countries please contact Pinnacle Travel Document Systems directly for specific requirements associated





Visa(s)	#	#	-	ost	Application	Expedite Fee
Req'd	Forms	Photos		sons - 2	Deadline	Per Person
Myanmar	3	2	\$149.00	\$268.00	July 10, 2017 (or 50 days prior to your departure)	\$40.00

All visas will be issued for single entry.

Please use enclosed sample information verbatim and substitute your personal information.

Fees shown above include all necessary consular and service fees as well as the cost to ship your passport(s) back from our offices via FedEx within the continental U.S. (Please add \$30.00 to cover extra shipping costs for addresses in Alaska, Hawaii, or Canada.) We strongly suggest that you send your documents to us via FedEx or some other form of traceable overnight courier service.

Please enclose your actual passport along with two (2) photographs, two (2) completed visa application forms and one (1) completed Work History form. (Residents of AK, AZ, CA, NV, NM, OR, WA & HI must complete application form A. Residents of all other states must complete application form B. Please refer to your specific application sample when completing your documents.) Please also enclose two (2) clear photocopies of the vital information page of your passport, a copy of your flight itinerary showing entry and exit to Myanmar and your internal travel itinerary obtained from your tour operator. Photographs should be recently shot passport-type photos with a clear background approximately 2" x 2" in dimension. (Note that machine or home photographs are not acceptable.) Your passport must be valid for a minimum of six (6) months beyond the completion of your international travel and must have at least three (3) blank unused pages available <u>not including those reserved for amendments and endorsements at the back of your passport</u>. Contact PTDS directly for assistance with renewal of your U.S. passport, as this can easily be done at the same time you apply for your visas.

Applications should be received in our offices no fewer than 50 days prior to your departure from your shipping address or by July 10, 2017, whichever is sooner. Documents received after the deadline will be subject to the *per person* expediting fee shown above. (Please do not send your documents more than 90 days prior to the departure of your tour due to limited validity of the visa for Myanmar.) Special requests for passports to be expedited due to other travel plans prior to your tour departure may also require expediting fees. If you have international travel between the deadline above and the departure of your tour you may need to obtain a second passport in order to accommodate your travel. Please contact PTDS directly regarding any special processing needs or before submitting documents you expect may be received substantially after the deadline as there may be special requirements and/or additional fees to process your request. It may not be possible to cancel processing of your applications once they have been submitted.

Please note that consular fees, shipping fees and application requirements are subject to change without notice. Check or credit card payment accepted. Credit card payment subject to 3.5% surcharge.





PLEASE BE CERTAIN TO RETURN THE FOLLOWING TO: Pinnacle Travel Document Systems 1625 K Street NW Suite 750 Washington DC 20006

- Your actual passport (Please keep a photocopy for your records.)
- This completed form
- Two (2) photocopies of the vital information page of passport
- Two (2) completed visa application forms per person for Myanmar
- One (1) completed Work History form per person for Myanmar
- One (1) copy of your flight itinerary showing entry and exit for Myanmar
- One (1) copy of your internal travel itinerary obtained from your tour operator
- Two (2) passport-type color photographs per person (Please leave loose, PTDS will affix.)
- Credit or debit card authorization below

I	PLEASE PRINT CLEARLY
Full Name (1):	Full Name (2):
Passport #: Ex	р:/ Passport #: Exp: Exp:/
Home	Home Tel:
Mailing	Work Tel:
Address:	Email:
(FedEx cannot deliver to PO b	Date of Departure from Home: ////////////////////////////////////
Address	Tour Name: Myanmar
For the	Date of Tour Departure: 09 / 01 / 17
Return of	Special Instructions:
Passport:	
Tel:	
Please indicate below if there are known p for another international trip or when you	periods prior to your tour during which you will need your passport will not be available to sign for the return of your passport.
I will need my passport(s) for other intern	ational travel from//year_ to// to//year_
I will not be at my home and/or return shi	pping address from//year_ to////
CREDIT CARD AUTHORIZATION: AMEX	C / VISA / MC (please circle one)
Cardholder Name: Sig	gnature: Billing Zip Code:
Card #:0	CID# Expires:/ Amount US\$
FOR OFFICE USE ONLY	
AHI MYANMAR 0901-17 (Myanmar25)79 F)	(30 149/268 (APP FEE)15 3PGS VAL6MOS DL 07/10/17 40.00
3.5% TE MYANMAR 03 JUNE 2017 E	NTER MYANMAR 03 SEPTEMBER 2017
©2017 Pinnacle Travel Document Systems	

ONLINE ORDER COMPLETION & AUTOMATED UPDATES:

If you have not already done so please complete your order online. This will allow you to create an inbound FedEx shipping label to securely send your documents to us and pay all required fees online. This will also allow you to receive automated email updates regarding the progress of your documents. Please locate and click on the name or number of your specific program at the link below to complete your order.

www.PinnacleTDS.com/AHI

IMPORTANT NOTICE - PASSPORT PAGES & VALIDITY:

You must have at least three (3) blank unused pages available in your passport for visas and entry/exit stamps. In addition, your passport must be valid for six (6) months beyond the completion of your international travel. If you are a U.S. citizen and do not have the adequate number of pages or validity you will need to renew your passport since the U. S. Passport Agency will no longer add pages. Pinnacle Travel Document Systems can easily assist you with this at the same time your visas are being processed. The total additional fees for this service (including U.S. government expediting fee) is \$264.00 for passport renewals and second passports. We can also assist you with expediting first time passport applications.

You will need to complete an application form and a letter of authorization for PTDS and must send your actual passport to us. Specific requirements and the necessary forms are available for download from our Internet site:

Passport Renewals First Time Passports Second Passports <u>www.Traveldocs.com/PTDSPassports</u>

You may also contact us at <u>AHI@PinnacleTDS.com</u> or 888-838-4867 and we will send you an instruction kit.

SIDENTS OF AK AZ CA NV NM OR WA AND HI ONI V R

ESI	DENTS OF AK, AZ, CA, NV, NM, OR, WA AND HEONLY.	ю
Vis	a is valid for 3-months from the date of Issue CONSULATE-GENERAL OF THE REPUBLIC OF THE UNION OF MY	Copy No. 2
	3435, WILSHIRE BOULEVARD, SUITE 1590, LOS ANGELES, CALIFOR	
	TEL (213) 387-0041, (213) 387-0043, Fax (213) 387-0042	
	APPLICATION FOR TOURIST VISA	Official use only
1.	Name in Full (Fill in Block Letters)	• E.V.T (F.I.T)
1,		E.V.T (Package Tour)
	JOHNATHAN / BONHAM / DOE	
	(First Name) (Middle Name) (Last Name)	
2.	Father's Full Name JOHANN / SEBASTIAN / DOE	РНОТО
•	(First Name) (Middle Name) (Last Name)	
3.	Date of Birth (dd/mm/yy): <u>13 / 03 / 1961</u>	Recently taken
4.	Place of Birth (City/State/Country)LOS ANGELES / CALIFORNIA / USA	color photo
5.	Nationality: 2 U.S./ 2 (Others):4. Sex 2 (F) / 2 (M)	
6.	Present Occupation: ENGINEER	with full face, front view,
	(If retired write "retired", if student write "student")	no hat and against
7.	Marital Status: IMarried ISeparated IDivorced IWidowed Single (Never Married)	a plain light background
8.	Spouse's Full Name: JOANNA BACH DOE	
	Personal Description	
9.	(a) Color of Hair BROWN (b) Height: Im cm / Ift 6 in. 5	
	(c) Color of Eyes BLUE (d) Complexion CAUCASIAN	
	Passport	4
10	(a) Number 987654321 (b) Date of Issue (dd/mm/yy) 12 / 06 / 2010	
10.	(c) Date of Expiration (dd/mm/yy) $11 \equiv / 06 / 2020$	
	(d) Place of Issue: (e) Issuing Authority:	
	United States, United States, Department of State/	
	Other:Other:Other:	
11.	Present Address in U.S. 1234 MAIN STREET, ANYWHERE CALIFORNIA USA	
10	(Include apartment number, street, city, state or province & postal-zone)	
	Contact Ph. No.(Res:)(999) 888-7777 (Work)() N/A (Cell)(999) 666-3333	e-mail JDOE@ABC.COM
	Address in Myanmar: Sule Shangri La 223 Sule Pagoda Rd. GPO Box 888 Yangon, Myanmar	
	Have you ever been to Myanmar: DYes DNo (If Yes) Date of Last Visit: (dd/mm/yy)	/
15.	Have you ever been refused to enter Myanmar: Yes No (If Yes) When: (dd/mm/yy) /	/
	Why: PLEASE CONTACT PT/DS IF YES	
16.	Purpose of Visit: Tourism/ PRE PAID TOUR WITH AHI TRAVEL	
	(Expected date of Arrival: 03 / 09 / 17 Flight No. PYI & Departure: 17 / 09 / 1	7 Flight No. PYI
	dd mm yy dd mm y	
At	tention for Applicant:	, ,
	(a) Apart from the professions mentioned this visa application from applicants are not to engage	in any sort of work with or
	without charges.	and any server of work, white of
	(b) Applicant shall abide by the Laws of the Republic of the Union of Myanmar and shall not inter	fere in the Internal Affairs of
	the Republic of the Union of Myanmar.	there in the internal / intails 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.	iano, raios ana regulations of
	I hereby declare that I fully understand the above mentioned conditions, that the particula	ars given above and true and
	correct and that I will not engage in any activities irrelevant to the purpose of entry stated	herein
		ner ein.
	PLEASE DO NOT FORGET TO SIGN AND DATE ALL APPLIC	

O NOT FORGET TO SIGN AND DATE ALL APPLICATION FORMS

		Signature of Applicant Date (dd/mm/yy) / /
	(FOR OFFICE USE ONLY)	
Visa No.	Date:	
Visa Authority: MOFA Lt. No. 4	6 11 11 (76) Dated: 11 March 1994	
(If other): MOFA Lt. No.	, Date:	

Signature of Officer in –Charge Consulate-General of the Republic of the Union of Myanmar, Los Angeles, U.S.A Contact: Tel (213) 387-0041, (213)387-0043, Fax (213) 387-0042, e-mail: <u>myancgla@gmail.com</u>

Up Dated: May 2015

RESIDENTS OF AK, AZ, CA, NV, NM, OR, WA AND HI ONLY.

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): JOHNATHAN BONHAM DOE						
	Surname (As in Passport): DOE						
	First Name & Middle Name: JOHNATHAN BONHAM						
2.	Date of birth (dd/mm/yy) 13 / 03 / 1961						
3.	Place of birth: U.S., LOS ANGELES, CA U (Other):						
4.	Permanent Home Address: 1234 MAIN STREET, ANYWHERE CALIFORNIA USA 98765						
5.	Tel. (Res.)(999) 888-7777 (Work Place) () NOT APPLICABLE						
	(Cell) (999) 666-3333 e-mail: JDOE@ABC.COM						
6.	Work Description (Current)						
	(a) Job Title: ENGINEER						
	From (dd/mm/yy)_09 / 06 / 2000 To(dd/mm/yy)_08 / 09 / 2015						
	(b) Office ENGINEERING						
	Department ENGINEERING						
	Describe your Duties: ENGINEERING						
7.	Work Description (Previous)						
	(a) Job Title: PRODUCTION MANAGER						
	From (dd/mm/yy) 12 / 10 / 1990 To(dd/mm/yy) 08 / 06 / 2000						
	(b) Office PRODUCTION						
	Department_PRODUCTION						
	Describe your Duties: PRODUCTION						

I hereby declare that the particular given above are true and correct and that I will not engage in any activities irrelevant to the purpose of my entry.

PLEASE DO NOT FORGET TO DATE AND SIGN ALL APPLICATIONS

Signat	ture of A	pplicant	
Date:(dd/mm/yy)	/	1	

Visa is valid for 3-months from the date of Issue 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

APPLICATION FOR TOURIST VISA

1. Name in Full (Fill in Block Letters)

	(First Name) (Middle Name) (Last 1	Name)
2.	Father's Full Name / / (First Name) (Middle Name) (Last 1)	DUOTO
	(First Name) (Middle Name) (Last	Name) PHOTO
3.	Date of Birth (dd/mm/yy): / /	Recently taken
4.	Date of Birth (dd/mm/yy): / / / / / Place of Birth (City/State/Country) / / /	color photo
5.		(D (M)
6.	Present Occupation:	with full face front view
	(If retired write "retired", if student write "student")	no hat and against
7.		ried) a plain light background
	Spouse's Full Name:	
	Personal Description	
0	(a) Color of Hair(b) Height: D mcm/ D ft	in
	(c) Color of Eyes (d) Complexion	
	Passport	The second
10	(a) Number(b) Date of Issue (dd/mm/yy)/	
10.	(c) Date of Expiration (dd/mm/yy) / /	
	(d) Place of Issue: (e) Issuing Authority:	
	United States, United States, Department of	of State/
	Other:	
11	Other: ONational Passport Center/ I	00001
	(Include apartment number, street, city, state or province & postal zone)	
12	2. Contact Ph. No.(Res:)((Vote, exp, state of province & postal 2016) (Cell)() e-mail
13.	. Address in Myanmar: Sule Shangri La 223 Sule Pagoda Rd. GPO Box 888 Ya	angon Myanmar
14	Have you ever been to Myanmar: D Yes D No (If Yes) Date of Last Visit: (dd/mm/	
15	5. Have you ever been refused to enter Myanmar: U Yes U No (If Yes) When: (dd/mr	n/xy) / /
	Why:	
16.	5. Purpose of Visit: Tourism/ PRE-PAID TOUR WITH AHI TRAVEL	
	(Expected date of Arrival: 03 / 09 / 17 Flight No. & Depart	ure: <u>16</u> / 09 / 17 Flight No.
	dd mm yy	dd mm yy
Att	ttention for Applicant:	
	(a) Apart from the professions mentioned this visa application from applicants	are not to engage in any sort of work, with
	without charges.	
	(b) Applicant shall abide by the Laws of the Republic of the Union of Myanmar	and shall not interfere in the Internal Affairs
	the Republic of the Union of Myanmar.	
	(c) Legal action will be taken against those who violate or contravene any provis the Republic of the Union of Myanmar.	ion of the existing laws, rules and regulations
	I hereby declare that I fully understand the above mentioned conditions,	that the narticulars given above are true of
	correct and that I will not engage in any activities irrelevant to the purpo	se of entry stated herein
		se of energ stated herein.
		Signature of Applicant
		Date (dd/mm/yy) / /
	(FOR OFFICE USE ONLY)	
Vi	Tisa No. Date:	
	isa Authority: MOFA Lt. No. 46 11 11 (76) Dated: 11 March 1994	
¥ 1.	100 1 101 11 Di 110. TO 11 11 (10) Datou. 11 Watch 1994	

(If other): MOFA Lt. No._____, Date:_____

Signature of Officer in -Charge

Consulate-General of the Republic of the Union of Myanmar, Los Angeles, U.S.A Contact: Tel (213) 387-0041, (213)387-0043, Fax (213) 387-0042, e-mail: <u>myancgla@gmail.com</u>

A

Official use only
E.V.T (F.I.T)

E.V.T (F.I.T)
E.V.T (Package Tour)

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, LOS ANGELES, CALIFORNIA 90010 TEL (213) 387-0041, (213) 387-0043, Fax (213) 387-0042 Official use only

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APP	LIC	AT	ION	FOF	T	OU	RIS	ST	VIS	SA	

1. Name in Full (Fill in Block Letters)

		1	ĩ			L E.V.T (Package Tour)
	(First Name)	(Middle Name)	/	(Last Na	ume)	æ
2. 1	Father's Full Name	(First Name) (Middle	/_ e Name)	(Last Na	(ma)	РНОТО
3.]	Date of Birth (dd/mm/vv):		o ramo)	(Last 14a	une)	Devile
4.]	Place of Birth (City/State/	Country)/////////_		/		Recently taken
5. 1	Nationality D US / D (Ot	hers):		4 Sex $\Pi(F) / \Pi$	(M)	color photo
D. 1	resent Occupation:					with full face, front view,
· · ·	If retired write "retired", i	f student write "student")				no hat and against
7. 1	Marital Status: Married	Separated Divorced Widd	wed Single	e (Never Marrie	(be	a plain light background
					, a)	
1	Personal Description					
		(b) Height: D m	cm	/ 🗍 🕆	in	
<i>/</i> .	(c) Color of Eves	(d) Complexio	n	/ BR	111.	
	Passport					
10.	(a) Number	(b) Date of Issue (dd/	mm/vv)	1 1		
	(c) Date of Expiration (dd/	/mm/yy) / /		(
	(d) Place of Issue:		ing Authorit	v:		
				Department of S	State/	
	Other:					
11	Present Address in U.S.		ational 1 assp			
		r, street, city, state or province	& postal zor	1e)		
12.	Contact Ph. No.(Res:)(_)(Work)()	(Cell)(1	e-mail
13.	Address in Myanmar:			(0011)(C-man
		anmar: 🛛 Yes 🖉 No (If Yes) Da	ate of Last V	isit: (dd/mm/vv) /	1
15	Have you ever been refuse	ed to enter Myanmar: DYes D	No (If Yes) W	When: (dd/mm/s	//	/
10.	Why:		(11 1 00)		(y)	/
		m/ PRE-PAID TOUR WITH A		**************************************		
10.	(Expected date of Arrival	: <u>03 / 09 / 17</u> Flight N	Jo	& Departur	e 16 /09 /1	7 Flight No
	(infootoa aato or marriar	dd mm yy	10		dd mm	
Atte	ntion for Applicant:	aa min yy			dd mm	y y
		ssions mentioned this visa ap	plication from	m applicants ar	e not to engage	in any sort of work with o
	without charges.				e not to enguge	o in any sole of work, with o
		by the Laws of the Republic	of the Union	of Myanmar an	nd shall not inte	rfere in the Internal Affairs o
	the Republic of the U	nion of Myanmar.				
	(c) Legal action will be ta	aken against those who violate	or contraver	ne any provision	n of the existing	laws, rules and regulations o
	the Republic of the U	nion of Myanmar.				
	I hereby declare that	t I fully understand the abov	e mentioned	l conditions, th	at the particul	ars given above are true and
	correct and that I wi	ill not engage in any activitie	s irrelevant	to the purpose	of entry stated	herein.
					2 - 21 - 141 - 2403 (2003) - 2404	
					Sig	nature of Applicant
					Date (dd/mm/	/yy) / /
<u></u>		(FOR OF	FICE USE ON	LY)		
Visa	No.	Date:				
Visa	a Authority: MOFA Lt.	No. 46 11 11 (76) Dated: 11	March 199	94	- .:	
		. ,				
200 7 01	en en an ar an entra de en					
						-

Signature of Officer in -Charge

Consulate-General of the Republic of the Union of Myanmar, Los Angeles, U.S.A Contact: Tel (213) 387-0041, (213) 387-0043, Fax (213) 387-0042, e-mail: myancgla@gmail.com

0 E.V.T (F.I.T)

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: 0 U.S., 0 (Other):
4.	Permanent Home Address:
5.	Tel. (Res.)()(Work Place) ()
	(Cell) ()e-mail:
6.	Work Description (Current)
	(a) Job Title:
	From (dd/mm/yy)//To(dd/mm/yy)//
	(b) Office
	Department
	Describe your Duties:
7.	Work Description (Previous)
	(a) Job Title:
	From (dd/mm/yy)//To(dd/mm/yy)/
	(b) Office
	Department
	Describe your Duties:
	Describe your Duties:

I hereby declare that the particular 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:(dd/mm/yy) ____ / ___/

	GOVERNMENT OF THE REPUBLIC OF TH	E UNION OF MYANMAR	
	MINISTRY OF IMMIGRATION AN	D POPULATION	
	DIRECTORATE OF IMMIGRATION AND NA IMMIGRATION DEPART APPLICATION FOR ENTRY TO	MENT	рното
1.	Name in full (In Block Letters) JOHNATHAN BONH	AM DOE	
2.	Father's Name in full JOHANN SEBASTIAN DOE		
3.	Nationality_USA	4. Sex MALE	
5.	Date of Birth MARCH 13, 1961	6. Place of Birth LOS ANGEL	ES, CA
7.	Occupation ENGINEER		
8.	Personal description		\sim
	(a) Color of hair BROWN	(b) Hight 6 FEET 2 INCHES	
	(c) Color of eyes BLUE	(d) Complexion CAUCASIAN	
9.	Passport		1
	(a) Number 9876543210	(b) Date of issue JANUARY 24	
	(c) Place of issue US DEPT OF STATE	(d) Issuing Authority DEPT OF	STATE
	(e) Date of expiry JANUARY 23, 2020		
10.	Permanent address 1234 MAIN STREET ANYWHERE		
11.	Address in Myanmar Sule Shangri-La 223 Sule Pagod	a Rd. GPO Box 888 Yangon, Mya	anmar
12.	Purpose of entry into Myanmar TOURISM - PREPAI	D TOUR WITH AHI TRAVEL	
13.	Attention for Applicants		
	(a) Applicant shall abide by the Laws of the Repub	lic of the Union of Myanmar a	nd shall

not interfere in the internal affairs of the Republic of the Union of Myanmar. (b) Legal actions 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.

PLEASE DO NOT FORGET TO SIGN AND DATE YOUR APPLICATION
Date Signature of Applicant

Date

(FOR OFFICIAL USE ONLY)

Visa No.	
Visa Authority	

Date_

Place Washington D.C, United States of America

Embassy of the Republic of the Union Of Myanmar, Washington D.C

Washington D.C. Work History for Visa Applicant 1. Name in Full (Fill in block letters): JOHNATHAN BONHAM DOE Surname (As in Passport): DOE First Name & Middle Name: JOHNATHAN BONHAM	
Surname (As in Passport): DOE	
Surname (As in Passport): DOE	
First Name & Middle Name: JOHNATHAN BONHAM	
2. Date of birth (dd/mm/yyyy) <u>13</u> / <u>03</u> / <u>1961</u>	
3. Place of birth:	
 Place of birth. ^a (Other). ^b (Other). ^b (Other). ^b (Other)	
4. Fernalient nome Address.	
5. Tel. (Res.) (999) 888-7777 (Work Place) (996) 888-6666	1
e-mail: JDOE@ANYWHERE.COM	
6. Work Description (Current)	
(a) Job Title : ENGINEER	
From(dd/mm/yyyy): <u>09</u> / <u>07</u> / <u>2005</u> -To (dd/mm/yyyy) <u>06</u> / <u>25</u> / <u>20</u> 14	
(b) Office ENGINEERING	
Department ENGINEERING	
Describe your Duties: ENGINEERING	
7. Work Description (Previous)	
(a) Job Title: PRODUCTION MANAGER	
From (dd/mm/yyyy) 12 / 10 / 1990 To (dd/mm/yyyy) 09 /07 / 2005	
(b) Office PRODUCTION	
Department PRODUCTION	
Describe your Duties: PRODUCTION	

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.

PLEASE DO NOT FORGET TO SIGN AND DATE YOUR APPLICATION

Signature of Applicant

R

Date: (dd/mm/yyyy) _ _ / _ _ / _ _ _

	GOVERNMENT OF THE REPUBLI	C OF THE UNION OF MYANMAR_	
	MINISTRY OF IMMIGRATION DIRECTORATE OF IMMIGRATION IMMIGRATION APPLICATION FOR EN	AND NATIONAL REGISTRATION DEPARTMENT	рното
1.	Name in full (In Block Letters)		
2.	Father's Name in full		
3.	Nationality	4. Sex	
5.	Date of Birth		
7.	Occupation		
8.	Personal description		
	(a) Color of hair	(b) Hight	
	(c) Color of eyes		
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 Sule Shangri La 223 S	ule Pagoda Rd. GPO Box 888 Yangon, Myan	mar
12.	Purpose of entry into Myanmar TOURISM	- PREPAID TOUR WITH AHI TRAVEL	
13.	Attention for Applicants	Manual Annual II.	

- (a) 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.
- (b) Legal actions 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.

Date

Signature of Applicant

(FOR OFFICIAL USE ONLY)

Visa No._____ Visa Authority

Date____

Date

Place Washington D.C, United States of America

Embassy of the Republic of the Union Of Myanmar, Washington D.C R

	GOVERNMENT OF THE REPUBLI	C OF THE UNION OF MYANMAR_	
	MINISTRY OF IMMIGRATION DIRECTORATE OF IMMIGRATION IMMIGRATION APPLICATION FOR EN	AND NATIONAL REGISTRATION DEPARTMENT	рното
1.	Name in full (In Block Letters)		
2.	Father's Name in full		
3.	Nationality	4. Sex	
5.	Date of Birth		
7.	Occupation		
8.	Personal description		
	(a) Color of hair	(b) Hight	
	(c) Color of eyes		
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 Sule Shangri La 223 S	ule Pagoda Rd. GPO Box 888 Yangon, Myan	mar
12.	Purpose of entry into Myanmar TOURISM	- PREPAID TOUR WITH AHI TRAVEL	
13.	Attention for Applicants	Manual Annual II.	

- (a) 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.
- (b) Legal actions 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.

Date

Signature of Applicant

(FOR OFFICIAL USE ONLY)

Visa No._____ Visa Authority

Date____

Date

Place Washington D.C, United States of America

Embassy of the Republic of the Union Of Myanmar, Washington D.C R

Embassy of the Republic of the Union of Myanmar Washington D.C. Work History for Visa Applicant

1.	Surr	e in Full (Fill in block letters): name (As in Passport): Name & Middle Name:
2.		e of birth (dd/mm/yyyy) / /
3.	Place	e of birth: 🗖 U.S., 🗖 (Other):
4.	Pern	nanent Home Address:
5.		(Res.) () (Work Place) () ail:
6.	Worl	k Description (Current)
	(a)	Job Title :
		From(dd/mm/yyyy):/To (dd/mm/yyyy) / /
	(b)	Office
		Department
		Describe your Duties:
7.	Worl	k Description (Previous)
	(a)	Job Title:
		From (dd/mm/yyyy) / / To (dd/mm/yyyy) / /
	(b)	Office
		Department
		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: (dd/mm/yyyy) _ _ / _ _ / _ _ /

Up Dated : May, 2014

AHI