EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR WASHINGTON DC APPLICATION FOR BUSINESS VISA

| 1. | Name in Full (In Block Letters) | | | |
|--|--|---|---------------------------------------|--|
| 2. | Father's Full Name | | Recently taken | |
| 3. | Nationality | 4. Sex \Box (F) / \Box (M) | Two color photos | |
| 5. | Date of Birth | 6. Place of Birth | with full face, front view, no hat | |
| 7. | Present Occupation | | and against a plain | |
| | | | light background (attached with | |
| 8. | Marital Status: Married Separated Divorced Widowed Single | | | |
| 9. | Spouse's Full Name: | | | |
| 10. | Passport | | | |
| | (a) Number | (b) Date of Issue (dd/mm/yyyy) /_ | / | |
| | (c) Place of issue | (d) Issuing Authority: | | |
| | □ United States | □ United States, Department of State | e / | |
| | □ Other: | \Box National Passport Centre / \Box Othe | er: | |
| | (e) Date of expiration (dd/mm/yyyy) / | _/ | | |
| 11. | Present address in US | | | |
| | Contact Tel. No. (Res.) | | | |
| 13. | Address in Myanmar | | | |
| 14. | Purpose of entry into Myanmar | | | |
| 15. | Expected dt. of Arrival: (dd/mm/yyyy) / | . / & Departure: (dd/mm/yyyy) / | / | |
| 16. Name and Address of Guarantor during stay in Myanmar | | | | |

17. Attention for Applicants

- (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 | Date |
| Visa Authority | |
| Date | |
| Place.Washington D.C, United States of America | Embassy of the Republic of the Union |
| | of Myanmar, Washington D.C |
| Contact : Tel. (202) 332 4352, (202) 238 9332 Fax.(202) 332 435 | 51. http://mewashingtondc.com, e-mail: mewdcusa@yahoo.com) |

EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR WASHINGTON D.C. Work History for Visa Applicant

| 1. | Full Name (Fill in block letters): | | | |
|----|--|--|--|--|
| | Surname (As in Passport): | | | |
| | First Name & Middle Name: | | | |
| 2. | Date of birth (dd/mm/yyyy):/_/ | | | |
| 3. | Place of birth: City; Country; | | | |
| | Permanent Home Address: | | | |
| | | | | |
| 5. | Tel. (Res.) | | | |
| | (Work Place) | | | |
| | e-mail: | | | |
| 6. | Work Description (Current) | | | |
| | (a) Job Title: | | | |
| | From (dd/mm/yyyy):/ To (dd/mm/yyyy):// | | | |
| | (b) Office | | | |
| | Department | | | |
| | Describe your duties: | | | |
| | | | | |
| 7. | Work 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.

•

Signature of Applicant

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

For Multiple Journey Entry Visa Applicant Only

(Note: First time visitors are not eligible to apply MJEV)

То

Ambassador Embassy of the Republic of the Union of Myanmar Washington D.C.

Date:

Subject: Request for Business Visa (MJEV) (3 months / 6 months / 1 year)

I._____, have been to the Republic of the Union of Myanmar with Business Single Entry Visa in 19 __ / 20 __. Now, I would like to visit the Republic of the Union of Myanmar with Multiple Journey Entry Visa for business in order to

May I request to have Multiple Journey Entry Visa for business with the following documents:

- (1) Completed Visa Application Form with recently taken two color photos (35 mm X 45 mm).
- (2) Completed "Work History" Form
- (3) Business letter of introduction from the Myanmar Company and U.S. Company on the company on the company letterhead.
- (4) Valid Company registration copy
- (5) Copy of receipts certifying payment of taxes imposed
- (6) Original Passport
- (7) Payment of Money Order

(USD 200) for Business Visa (3 months Multiple)

USD 400) for Business Visa (6 months Multiple)

(USD 600) for Business Visa (1 Year Multiple)

(8) Prepaid Self-Addressed Return Envelope

Sincerely,

| Signature: | |
|--------------|--|
| Name: | |
| Passport No. | |