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		with full face, front view, no hat
7.	Present Occupation		and against a plain
			light background (attached with
8.	Marital Status: \Box Married \Box Separated \Box I	Divorced □ Widowed □ Single	staple)
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 Sta	ate /
	☐ Other:	☐ National Passport Centre / ☐ Ot	her:
	(e) Date of expiration (dd/mm/yyyy) / _	/	
11.	Present address in US		
12.	Contact Tel. No. (Res.)	(Work)	
13.	Address in Myanmar		
14.	Purpose of entry into Myanmar		
15.	Expected dt. of Arrival: (dd/mm/yyyy) /.	/ & Departure: (dd/mm/yyyy)/.	/
	Name and Address of Guarantor during stay	1 , , , , , , , , , , , , , , , , , , ,	
		<u> </u>	
17.	Attention for Applicants		
(a) Applicant shall abide by the Laws of the Republic of the Union of Myanmar and shall not inter-			
	in the internal affairs of the Republi	c of the Union of Myanmar.	
	(b) Legal actions will be taken against	those who violate or contravene any provi	sion of the existing
	laws, rules and regulations of the Re		
	,		
I h	ereby declare that I fully understand the	e above mentioned conditions, that the	particulars given
	ove are true and correct and that I will not	engage in any activities irrelevant to the	e purpose of entry
stat	ted herein.		
Date		of Applicant	
	(FOR OF		
	sa No.		
	sa Authority		
Dat			
	ce.Washington D.C, United States of Am	 nerica Embassy of the Repu	ıblic of the Union
	, , , , ,	of Myanmar, Wa	

Contact: Tel. (202) 332 4352, (202) 238 9332 Fax.(202) 332 4351. 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;			
4.	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/	уууу) / /		
	•	, ,,, ,		

For Multiple Journey Entry Visa Applicant Only

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

Ambassador Embassy of the Republic o Washington D.C.	f the Union of Myanmar	
	Date:	
Subject: Request for Business Vi	sa (MJEV) (3 months / 6 months / 1 year)	
I,	, have been to the Republic of the Union of try Visa in $19 _$ / $20 _$.	
Now, I would like to visit the Repul	try Visa in 19 / 20 blic of the Union of Myanmar with Multiple Journey Entry Visa for	
(1) Completed Visa Application(2) Completed "Work History"	etion from the Myanmar Company and U.S. Company on the etterhead. copy payment of taxes imposed (USD 200) for Business Visa (3 months Multiple) (USD 400) for Business Visa (6 months Multiple) (USD 600) for Business Visa (1 Year Multiple)	
	Sincerely,	
	Signature: Name:	
	Passport No.	