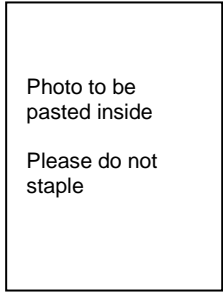


GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR

MINISTRY OF IMMIGRATION AND POPULATION
DIRECTORATE OF IMMIGRATION AND NATIONAL REGISTRATION
IMMIGRATION DEPARTMENT



APPLICATION FOR TOURIST VISA

- 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/profession (Employee, teacher, pensioner, housewife, etc.)
- 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 & Tel.-No.....
- 11. Address in Myanmar
- 12. Purpose of entry into Myanmar
- 13. Date of entry into Myanmar & duration of stay
- 14. Date of departure of the country of origin
- 15. Attention for Tourists

- (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 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.

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 OFFICE USE ONLY)

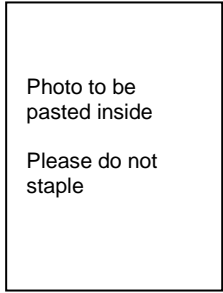
Visa NoDate

Visa Authority

.....
Date..... Signature of Officer in Charge
Place Embassy of the Republic of the Union of Myanmar, Berlin

GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR

MINISTRY OF IMMIGRATION AND POPULATION
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Visa NoDate
Visa Authority

.....
Date..... Signature of Officer in Charge
Place Embassy of the Republic of the Union of Myanmar, Berlin

Photo to be
pasted inside

Please do not
staple

ARRIVAL REPORT FORM

1. NAME (IN BLOCK LETTERS) _____
2. ADDRESS _____
3. OCCUPATION _____
Name of Employer or Institution
or if student majoring subject
4. NATIONALITY _____
5. ADDRESS IN MYANMAR _____
6. PLACES TO BE VISITED
IN MYANMAR _____

7. TYPE AND NO. OF PASSPORT _____
DATE AND PLACE OF ISSUE _____

Signature of Applicant

(To be filled by the Embassy)

8. TYPE OF VISA _____
9. VISA NO. _____

- DATE OF ISSUE _____

Visa Issuing Officer
Embassy of the Union of Myanmar, Berlin

NOTE: It is requested that this Arrival Report Form, signed by you, may kindly be presented to the Immigration Authorities on your arrival in Myanmar. (Kindly fill out in English)

Visum - Auftrag

Touristen-Visum () Geschäfts-Visum () Gruppen-Visum ()
einmalige Einreise () zweimalige Einreise () mehrmalige Einreise ()

Ich/Wir beauftrage(n) Sie mit der Beschaffung von Visa

STANDARD-VISUM () EXPRESS-VISUM () SAMEDAY-VISUM ()

Eine Express- oder Sameday-Bearbeitung ist nicht bei allen Ländern möglich

Name des Reisenden: _____ Reiseland: _____

Reisezeitraum von: _____ bis: _____ Rückgabe der Pässe bis: _____

Folgende Unterlagen wurden beigefügt:

____ Antrag/Anträge ____ Reisepass/Reisepässe ____ Foto(s)
____ Einladung ____ Firmenschreiben ____ Buchungsbestätigung
____ Krankenversicherung ____ Sonstiges

Rückversand:

DER KURIER (Next Day - Montag bis Freitag) bis 12.00 Uhr () bis 10.00 Uhr () bis 09.00 Uhr ()
DER KURIER (Samstagszustellung) bis 12.00 Uhr () bis 10.00 Uhr () bis 09.00 Uhr ()
Next Day (Montag bis Freitag) 09.00 Uhr bis 17.00 Uhr ()
Selbstabholung ()

Auftraggeber (= Rechnungsempfänger)

Kundennummer: _____ Abweichende Rücksendeadresse:
Name: _____ Name: _____
Firma: _____ Firma: _____
Strasse: _____ Strasse: _____
PLZ / Ort: _____ PLZ/Ort: _____
Tel.Nr: _____
e-mail: _____

Ort _____ Datum _____ Unterschrift / Stempel _____

Abrechnung :

Bankeinzug (s. unten) () Rechnung (nur für Firmen u. Kunden möglich) () Barzahlung ()

Einzugsermächtigung:

Hiermit ermächtige(n) ich/wir die Firma Speed Courier-Service GmbH Abt. Visumservice widerruflich, die von mir zu entrichtenden Zahlungen für die Visumbeschaffung bei Fälligkeit zu Lasten meines/unseres Kontos durch Lastschrift einzuziehen.

Kontoinhaber: _____ Kreditinstitut: _____
Kontonummer: _____ Bankleitzahl: _____

Ort _____ Datum _____ Unterschrift _____