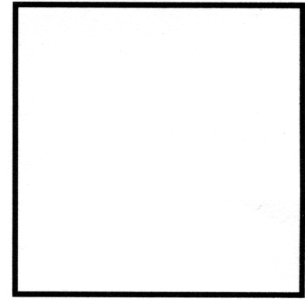


ROYAL THAI EMBASSY

Besöksadress : Postadress Tel : 08-791 73 40
Floragatan 3 Box 26220 Fax : 08-791 73 51
114 31 Stockholm 100 40 Stockholm Telex : 137-69



APPLICATION FOR VISA



Check visa required

- ☐ Immigrant visa
☐ Non-Immigrant visa
☐ Non-Quota Immigrant visa
☐ Tourist visa
☐ Transit visa

☐ Mr.

☐ Mrs.

☐ Miss. Surname Christian name(s) Countries for which passport is valid....

Former name

Nationality..... Date of previous visits to Thailand.....

Nationality at birth.....

Birth place..... Purpose of visit.....

Date of birth Date of arrival in Thailand.....

Profession (specifying post at present held)..... Duration of proposed stay.....

..... Proposed address in Thailand.....

Present address.....

Tel.(Home) Local guarantor and address.....

Tel.(Work)

Guarantor and address in Thailand.....

Names, dates and places of birth of minor children
if accompanying you

Travelling by.....

If a visa is not issued to me, I shall not request any
refund of visa fee paid to the Royal Thai Embassy.

Signature.....

Date

.....
Passport No.....

Issued at

Date of issue

Expiry date.....

ATTENTION FOR TOURIST:

I hereby declare that the purpose of my visit to
Thailand is for pleasure only and that in no case
shall I engage myself in any profession or occupation
while in that country.

FOR OFFICIAL USE

Kind of visa and No.....

Date of issue.....

Evidence

Expiry date

Fee.....

Signature