

**2** photographs to  
be submitted with  
**1** application form



Royal Thai Embassy  
Consular Section  
29-30 Queen's Gate  
London SW7 5JB  
Tel.: 020 75892944  
Fax: 020 78237492  
Visa Enquiries: 09001-600150

OFFICE HOURS:  
Monday to Friday  
09.30 - 12.30 hrs

**VISA**  
**APPLICATION FORM**

**PURPOSE OF VISIT**

Number of Entries desired  
(see 5 overleaf)

**VISA OF ENTRY VALID FOR 3 MONTHS FROM DATE OF APPLICATION**

PLEASE SEE OVERLEAF FOR VISA REGULATIONS

Mr  Mrs  Miss

Given Names

(IN BLOCK CAPITALS)

SURNAME

Maiden name

Date(s) of previous visit(s) to Thailand

Nationality.....

Nationality at birth

Birthplace.....

Date(s) of arrival in Thailand  
(must be within 3 months)

Date of birth...

Profession (specifying post at present held)

Duration of proposed stay

Present address

Proposed address in Thailand

Tel:

Permanent address.....  
(if different from above)

Names, dates and places of birth of minor children  
(if accompanying you on your passport)

**EVIDENCE SUBSTANTIATING  
YOUR PURPOSE OF STAY**  
(Please see 43 overleaf)

Travelling by .....to .....  
*(country beyond Thailand)*

**FOR TOURIST'S ATTENTION:**

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 while in that country.

I confirm the information given is true and complete.

Signature

Date

**PASSPORT/TRAVEL DOCUMENT**

No  
Issued at  
Date of issue  
Expiry date

**FOR OFFICIAL USE**

**NOTE**

Type of visa

Category .....No.

Date of issue

Expiry date

Signature

CONSULAR OFFICER