

Cambodia Visa Instructions for Adventure Center Clients

G3 Visas & Passports
3300 North Fairfax Dr., Ste 220
Arlington, VA 22201
Tel: (888) 883-8472, (703) 276-8472
Fax: (703) 524-3374
Email: info@g3visas.com

Please send the following to G3 Visas & Passports:

1. **Please submit your original valid and signed passport** (The passport must have at least one blank visa page for the visa and must be valid for 6 months from the end of your trip).
2. One visa application form completed and signed.
3. One 2" x 2" passport size photograph.
4. Non US citizens submit valid I-94 or a copy of your Alien Registration Card.
5. Copy of flight itinerary from Adventure Center.

Please send this sheet with all fields completed; only one is required per family.

Contact and Shipping Information:

(Street Address Only, NO P.O. BOXES)

Name _____

Address _____

City _____

State _____

Zip Code _____

Tel # _____

Fax # _____

Date of Birth _____

Passport # _____

Date Departing US _____/_____/_____

Date Passport Needed _____/_____/_____

Email Address : _____

(We will email you the tracking number when your visas are complete.)

Shipping Fees:

All return shipping fees are included. Your passport will be returned via Federal Express. Federal Express cannot deliver to P.O. Boxes; please provide your home street address or work address.

Fees:

*Payment includes Embassy fee, service fee, and return shipping via Federal Express. **Visas will take three weeks to process.***

One entry with 30 day stay \$ 102.00

This visa is valid for 3 months from the date of issue

Number of Travelers x \$102.00 \$ _____

- Please submit an **expedite fee of \$40.00 per traveler** if you require your passport returned **in less than three weeks.**
- Consular fees subject to change without notice.

Payment Information:

All fees are payable to G3 Visas by:

- American Express
- Visa/MasterCard
- Check/Money Order

Requirements and fees are subject to change without prior notice.

I authorize G3 Visas to charge the amount of \$ _____

plus a 5% processing fee to my credit card number

Expiration date _____/_____/_____ Security Code _____

Signature of cardholder _____

11/2009

* PLEASE DO NOT SEND YOUR VISA REQUEST UNTIL 60 DAYS BEFORE YOUR ARRIVAL DATE IN CAMBODIA*



KINGDOM OF CAMBODIA

Nation Religion King

នរោត្តម ~ រាជវង្ស

VISA APPLICATION FORM

Photograph
2 x 2

**ROYAL EMBASSY OF CAMBODIA
IN : Washington D.C.**

Please submit 1 copy with 1 photo and your passport

Surname:		Present occupation:				
First name:		Place of residence:				
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Fax: /Phone:				
Date of birth: Day.....Month.....Year.....						
Place of birth:						
Birth nationality:		Work Place:				
Present nationality:						
Passport of traveling document is valid for (country)		Purpose of visit <input type="checkbox"/> Diplomatic				
		<input type="checkbox"/> Tourist <input type="checkbox"/> Official				
Date of entry to Cambodia: Day.....Month.....Year.....		<input type="checkbox"/> Business <input type="checkbox"/> Others (Please Specify)				
Date of departure (length of stay)						
Point of entry:		Point of exit:				
Means of Transportation:		Means of Transportation:				
Address during the visit:		Organization, Persons to be visited :				
Passport No:		First trip to Cambodia <input type="checkbox"/> Yes				
Place of issue:		<input type="checkbox"/> No				
Date of issue:		Traveling on group tour <input type="checkbox"/> Yes				
Date of Expiration:		<input type="checkbox"/> No				
Children under 12 years traveling with you	Surname	First name Patronymic	Sex M F		Date of birth	Permanent Address
Relatives in the Kingdom of Cambodia						

For official use

ថ្ងៃផ្តល់

ទិដ្ឋាការលេខ

លេខសំគាល់

ប្រភេទ

ថ្ងៃ ខែ ឆ្នាំ

ហត្ថលេខាបន្តិទទួលបន្ទុកអំបូការកុងស៊ុល

I hereby declare that the information on this form is true and correct

Place, (Date).....

(Signature of the applicant)