**TRAVCOUR VISA & LEGALISATION SERVICES**

WWW.TRAVCOUR-VLS.COM

02085431846

info@travcour-vls.com

89 The Broadway, London SW19 1QE

# Service order form.

**Please complete this form and return along with the documents listed on the check list.**

| |
|---|
| **Name of lead applicant:** |

| |
|---|
| **Service Required: (please state what service you require and what country or visa type, visa, passport, legalisation).** |
| **Travel date & number of entries:** |
| **Contact details: (address including postcode, contact number & email. please also include return address if different).** |
| **Return of passport or document date & required method of postage(DHL, Royal mail Special delivery, Personal Collection, courier delivery:** |
| **Notes or requests:** |

## Payment information:

| | |
|---|---|
| **Card Type:** | |
| **Name On Card:** | |
| **Card Number:** | |
| **Start Date:** | |
| **Expiry Date:** | |
| **Security Code:** | |
| **Issue Number: (If Applicable)** | |

For bank transfers please use your last name as your payment reference:
Account name: Travcour Visa & Legalisation Services Sort Code:30-99-50 Account Number:46460168

| | | |
|---|---|---|
| **Signature:** | **Print Name:** | **Date:** |

ROYAL
EMBASSY OF CAMBODIA
London, UK

# VISA APPLICATION FORM

One photo
of applicant and
of each child

**Consular Section of the Royal Embassy of Cambodia**
64 Brondesbury Park, Willesden Green, London NW6 7AT. United Kingdom.
Tel: 020-8451 7850 – Fax: 020-8451 7594
Website: www.cambodianembassy.org.uk
E-mail: visaenquiries@cambodianembassy.org.uk

Use block/capital letters to complete this form and use date format as the following dd/mm/yyyy. (*) Compulsory fields.

| | |
|---|---|
| Surname*: | Gender*: ☐Male ☐Female |
| | Birth nationality*: |
| First name*: | Present nationality*: |
| | Home address*: |
| Date of birth*: | |
| Place of birth*: | |

**Visa Type*:**

☐ Tourist ☐ Business ☐ Transit
☐ Diplomatic ☐ Official ☐ Courtesy
☐ Visa "K" (Cambodian National)

| | |
|---|---|
| Date of entry*: | Home phone*: |
| Date of exit*: | Mobile phone*: |
| Point of entry*: | Email: |
| Mean of transportation*: | Present occupation*: |
| Passport No*: | Name and address of your present employer/organization/company whom you work for (not applicable if unemployed): |
| Place of issue*: | |
| Issue date*: | |
| Expiry date*: | Name and address of hotel/accommodation where you will be staying or organization/company/person(s) you will be visiting during your stay in Cambodia: |
| Date of previous visit in Cambodia: | |

Use the box below for any child(ren) under the age of 12 years old travelling with you and who share(s) the same Passport with you. Use a separate sheet of paper, if the provided space is not sufficient.

| Surname | First name | Date of birth | Gender |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| Applicant's Signature*: | Date*: |
|---|---|
| | |

(1) Any incomplete application form could be rejected and returned back to you without any notice.
(2) It is imperative to provide the Embassy your telephone number and email address for any further enquiries that may be required.

| OFFICIAL USE ONLY | RECEIVER |
|---|---|
| Visa No: | Name: |
| Issue date: | Signature: |
| | Collection date: |
| | Number of Passport(s) collected: |