

VISA REFERENCE NUMBER: \_\_\_\_\_

Please attach  
1 photograph  
(3.5 x 4.5 cm)  
Taken within  
the last 6 months



## VISA APPLICATION FORM

Royal Thai Consulate-General, Sydney  
Level 8, 131 Macquarie St. Sydney NSW 2000

### Please Indicate Type of Visa Requested

- ☐ TOURIST  
☐ Single entry (AUD 60)  
☐ Multiple entries (AUD 300)  
☐ Special Tourist Visa (AUD 120)
- ☐ TRANSIT  
☐ Single entry (AUD 50)  
☐ Double entries (AUD 100)
- ☐ NON-IMMIGRANT  
☐ Single entry (AUD 120)  
☐ Multiple entries (AUD 300)  
☐ Multiple entries - Retirement O-A (AUD 300)  
☐ Multiple entries - Retirement O-X (AUD 600)
- ☐ DIPLOMATIC/ OFFICIAL/ COURTESY VISIT

☐ Mr. ☐ Mrs. ☐ Miss \_\_\_\_\_  
First Name Middle Name Family Name

Marital Status ☐ Single ☐ Married ☐ other \_\_\_\_\_

Nationality at present \_\_\_\_\_

Nationality at Birth \_\_\_\_\_

Birth Place \_\_\_\_\_  
City Country

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Type of Travel Document \_\_\_\_\_

No. \_\_\_\_\_ Issue at \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiry Date \_\_\_\_\_

Occupation (*specify present position and name of employer*)  
\_\_\_\_\_  
\_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address (*if different from above*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Address in Thailand \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full names and dates of birth of minor children (*if accompanying*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Visit: ☐ Tourism ☐ Transit  
☐ Business ☐ Diplomatic/Official  
☐ other (please specify) \_\_\_\_\_

**REMARK:** Applicants are required to pay a visa fee which is non-refundable, regardless of whether the visa is approved or rejected. Monday-Friday (except public holidays)

**Opening hours : 09.30 - 12.30 hrs.**

Email: [visa@thaiconsulatesydney.org](mailto:visa@thaiconsulatesydney.org)

### (First Entry)

Date of Arrival in Thailand \_\_\_\_\_ Flight No. \_\_\_\_\_

Date of Departure from Thailand \_\_\_\_\_ Flight No. \_\_\_\_\_

### (Second Entry (For double – entries visas only))

Date of Arrival in Thailand \_\_\_\_\_ Flight No. \_\_\_\_\_

Date of Departure from Thailand \_\_\_\_\_ Flight No. \_\_\_\_\_

Duration of Proposed Stay \_\_\_\_\_ days

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Attention to Tourist and Transit Visas Applicants

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICIAL USE

Application/Reference No. \_\_\_\_\_

Visa No. \_\_\_\_\_

#### Type of Visa:

- ☐ Tourist ☐ Transit ☐ Non-Immigrant  
☐ Diplomatic ☐ Official ☐ Courtesy

#### Category Visa:

- |  |                                  |                                       |
|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> TR                    | <input type="checkbox"/> MT      | <input type="checkbox"/> TS           |
| <input type="checkbox"/> S                     | <input type="checkbox"/> D       | <input type="checkbox"/> F (OFFICIAL) |
| <input type="checkbox"/> C                     | <input type="checkbox"/> Non-B   | <input type="checkbox"/> Non-ED-A     |
| <input type="checkbox"/> Non-B-A               | <input type="checkbox"/> Non-ED  | <input type="checkbox"/> Non-O        |
| <input type="checkbox"/> Non-F                 | <input type="checkbox"/> Non-M   | <input type="checkbox"/> Non-O-X      |
| <input type="checkbox"/> Non-O (VOLINTEER/NGO) | <input type="checkbox"/> Non-O-A | <input type="checkbox"/> Non-RS       |
| <input type="checkbox"/> Non-R                 | <input type="checkbox"/> Non-R-A | <input type="checkbox"/> Non-EX       |
| <input type="checkbox"/> STV                   |                                  |                                       |

#### Number of Entries:

- ☐ Single ☐ Double ☐ Multiple

Date of Issue \_\_\_\_\_ Fee \_\_\_\_\_

Expiry Date \_\_\_\_\_ (CHQ / CASH / CARD)

Authorised Signature and Seal \_\_\_\_\_

**Additional Application Form for Non-Immigrant Visa****(Long Stay)****Please complete using BLOCK letters.**

Title (Mr. Mrs. Ms. Miss.) \_\_\_\_\_ First name \_\_\_\_\_  
Family name \_\_\_\_\_ Middle name \_\_\_\_\_  
Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Passport No. \_\_\_\_\_  
Issued at \_\_\_\_\_ Date of Issue \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Nationality \_\_\_\_\_ Nationality at birth \_\_\_\_\_ Country of birth \_\_\_\_\_  
Spouse name (if applicable) \_\_\_\_\_

**Residential address (PO Box Not Accepted)**

Street number \_\_\_\_\_ Street Name \_\_\_\_\_ Suburb \_\_\_\_\_ State \_\_\_\_\_  
Postcode \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Monthly income \_\_\_\_\_ Amount of saving \_\_\_\_\_  
Financial Institution Name \_\_\_\_\_ Date of arrival in Thailand \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Travel by \_\_\_\_\_ Flight No. \_\_\_\_\_ Port of Entry \_\_\_\_\_

**Proposed address to stay in Thailand**

Street number \_\_\_\_\_ Tambon \_\_\_\_\_ Amphoe \_\_\_\_\_  
Province \_\_\_\_\_ Postcode \_\_\_\_\_ Phone Number \_\_\_\_\_

**Reference person in Thailand**

Full name \_\_\_\_\_ Contact number \_\_\_\_\_

I hereby declare that the above mentioned statements are true and accurate and that in no case shall I engage myself in any profession or occupation during my day in Thailand.

Signature \_\_\_\_\_

Name (In print) \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ใบรับรองแพทย์

Medical Certificate

วันที่.....

Date

ข้าพเจ้า นายแพทย์.....แพทย์แผนปัจจุบันชั้นหนึ่ง

I, Name a medical doctor

ใบอนุญาตประกอบวิชาชีพเวชกรรม เลขที่.....ออกให้ ณ วันที่.....เดือน.....ค.ศ.....

holding medical license no. issued on month year

ได้ทำการตรวจร่างกาย.....เมื่อวันที่.....

have examined name on (date)

แล้วปรากฏว่า.....ปราศจากโรค ดังต่อไปนี้

and have found name free from the following diseases:

- |                          |                        |
|--------------------------|------------------------|
| 1. โรคเรื้อน             | LEPROSY                |
| 2. วัณโรคระยะอันตราย     | TUBERCULOSIS ( T.B.)   |
| 3. โรคเท้าช้าง           | ELEPHANTIASIS          |
| 4. โรคยาเสพติดให้โทษ     | DRUG ADDICTION         |
| 5. โรคซิฟิลิสในระยะที่ 3 | THIRD STEP OF SYPHILIS |

.....เป็นผู้มีร่างกายแข็งแรง สมบูรณ์ ไม่เป็นผู้มีจิตฟั่นเฟือน

name is in good physical and mental health

หรือไม่สมประกอบ หรือ ไม่เป็นผู้ที่มีร่างกายทุพพลภาพ หรือเป็นโรคดังกล่าวข้างต้น

Free from any defect

ลงชื่อ.....นายแพทย์ผู้ตรวจ

Signature M.D.

(.....)

Name (in print)



Department of Health Service Support, Ministry of Public Health of Thailand

Tel +6621937000 Ext. 18404, 18421 (Office Hours)

E-mail: [medicalhub.hss@gmail.com](mailto:medicalhub.hss@gmail.com) website: [www.hss.moph.go.th](http://www.hss.moph.go.th)

Insurance Policy No. ....

Period of Insurance

...../...../..... to ...../...../..... Time.....

**Foreign Insurance Certificate**

**for Alien to apply for Non-Immigrant Visa Type O-A (Period not exceeding 1 Year)**

**in accordance with the Cabinet Resolution, dated 2 April B.E. 2562 (2019)**

**Insurance Policy Title.....**

This insurance certificate is issued to certify that Name.....Surname.....  
Nationality.....Gender.....Age.....Years Passport No. .... ; the insured person  
is insured in accordance with the Cabinet Resolution, dated 2 April B.E. 2562 (2019). The period of insurance begins from  
D/M/Y..... at .....hours until  
D/M/Y.....at.....hours as stipulated on the Insurance Policy No..... of the  
Company..... With the following Insurance Covers:

1. Outpatient Benefit – with a sum insured of not less than \_\_\_\_\_/year
2. Inpatient Benefit – with a sum insured of not less than \_\_\_\_\_/year

.....  
( ) ( ) ( )  
Director Director Authorized Signature

Insurance Company Address .....

.....  
.....

Telephone Number .....

Contact Person.....

E-mail.....

Website of the Insurance Company .....

.....