## Please Indicate Type of Visa Requested

| Dip1 | lomatic | Visa |
|------|---------|------|
|      |         |      |

Official Visa

| $\Box$ | 1 ourist | VIS  |
|--------|----------|------|
|        | Transit  | Visa |

Please **PASTE** (NOT STAPLE)

| Non-Immi gra Tourist Visa Transit Visa | APPLICATION FOR VISA ROYAL THAI EMBASSY, ISLAMABAD. |           |         |          |              |             |             |           |        |       |          | 1 photograph<br>taken within<br>the last 6 months<br>(3.5 x 4.5 cm) |       |                    |        |       |                |         |         |        |       |                      |    |
|--|---|-----------|---------|----------|--------------|-------------|-------------|-----------|--------|-------|----------|---|-------|--------------------|--------|-------|----------------|---------|---------|--------|-------|----------------------|----|
| Number of En                           | tries   | Req       | uested  | l        |              |             |             |           |        |       |          |   |       |                    |        |       |                |         |         |        |       |                      |    |
| Title                                  |   | Mr.       |         | Mrs.     | . 🗆          | Miss        |             | Mas       | ter 🗌  | Otl   | her      | (pleas  | se sp | ecify)             | •••••  | ••••• | ••••••         | •••••   |         |        |       |                      |    |
| Given Name                             |   |           |         |          |              |             |             |           |        |       |          |   |       |                    |        |       |                |         |         |        |       |                      |    |
| Surname                                |   |           |         |          |              |             |             |           |        |       |          |   |       |                    |        |       |                |         |         |        |       |                      |    |
| Father/Hus ba                          | nd N  | ame       |         |          |              |             |             |           |        |       | (        | Эссир   | ati o | n ( <i>Spe</i>     | cify e | mplo  | yer o          | & po    | sitior  | ı)     |       |                      |    |
| Nationality                            |   |           |         |          |              |             |             |           |        | _     | _        |   |       |                    |        |       |                |         |         |        |       |                      |    |
| Date of Birth_                         |   |           |         |          |              |             |             |           |        | _     | A        | ddre  | ss in | Thail              | and_   |       |                |         |         |        |       |                      |    |
| Type of Passp                          | ort   |           | )i plon | atic     | □ <b>O</b> 1 | fficial     |             | Or di     | nary   |       | _        |   |       |                    |        |       |                |         |         |        |       |                      |    |
| No                                     |   |           | _ Issu  | ed at    |              |             |             |           |        | -     | _        |   |       |                    |        |       |                |         |         |        |       |                      |    |
| Date of Issue_                         |   |           |         | E        | xpiry        | Date_       |             |           |        | _     | N        | Name  | and   | Addro              | ess of | Loc   | al G           | uara    | ntor_   |        |       |                      |    |
| Home Address                           |   |           |         |          |              |             | 1           | Tel./ Fax |        |       |          |   |       |                    |        |       |                |         |         |        |       |                      |    |
|  |   |           |         | ·        |              | <del></del> |             |           |        | -     | N        | Name  | and   | Addro              | ess of | Gua   | rant           | or ir   | n Tha   | ilan   | d     |                      |    |
|  |   |           |         |          |              |             |             |           |        | -     | _        |   |       |                    |        |       |                |         |         |        |       |                      |    |
| Tel./Mobile                            |   |           |         |          |              |             | <del></del> |           |        | _     | _        |   |       |                    |        |       |                |         |         |        |       |                      |    |
| E-mail                                 |   |           |         |          |              |             | <del></del> |           |        | _     | 1        | Tel. / I  | ax_   |                    |        |       |                |         |         |        |       |                      |    |
| Names, dates                           | and j   | pl ace    | s of bi | rth o    | f mi n       | or chi      | il dren     | (if ac    | compa  | nying |          |   | -     |                    |        |       |                | _       | -       |        | d for | the pai              | d  |
|  |   |           |         |          |              |             |             |           |        | _     |          |   |       | n if my            |        |       |                |         |         |        |       |                      |    |
|  |   |           |         |          |              |             |             |           |        | -     | A        | ttenti  | on fo | r Toui             | ist an | d Tra | ansit          | Visa    | Appli   | icants | s     |                      |    |
| D. C.                                  |   |           |         |          |              |             |             |           |        | -     | p        | leasure   | or t  |                    | nly an | d tha | t in n         | o cas   | e shall | lIeng  |       | for<br>ny self i     | n  |
| Date of Arriva                         |   |           |         |          |              |             |             |           |        |       |          |   |       | on or o            |        |       |                |         |         |        |       |                      |    |
| Traveling by (                         |   |           |         |          |              |             |             |           |        |       |          | ignati  | ure _ |                    |        |       |                |         |         |        |       |                      |    |
| Flight No                              |   |           |         |          |              |             |             |           |        |       | A        | pplic   | atio  | n/Refe             |        |       |                |         | L US    |        |       |                      |    |
| Duration of St                         |   |           |         |          |              |             |             |           |        |       | <u>T</u> | <u>'ype</u> o   | f Vis | sa:                |        | _     |                |         |         |        |       |                      |    |
| Date of Previo                         | ous V   | isit (    | s) to 1 | halla    | ınd          |             |             |           |        |       |          |   |       | tic Visa<br>nigran |        |       | Offici<br>Tour |         |         |        |       | esy Visa<br>sit Visa |    |
| Purpose of Vis                         |   |           | Tou     | rism     |              |             |             | Trar<br>  | nsit   |       |          | _   |       | f Visa             |        |       |                |         | _       |        |       |                      |    |
| ☐ Busin☐ Train                         |   | ∐<br>Worl | chor    |          | -            |             | /Offic      |           | ronco  |       | I _      | _   |       | Entri              |        |       | Mu             | lti plo | e [     | ]      |       | Entrie               | es |
| ☐ Medi                                 |   |           | _       | o e IIII | _            | _           | ort/Ci      |           | i chee |       |          | •   | -     |                    |        |       |                | _       |         |        |       |                      |    |
| Other                                  |   |           |         |          |              | -           |             |           |        |       | v        | isa N   | 0     |                    |        |       |                |         | _ Da    | te     |       |                      |    |
| ~ <b>~</b>                             | 4.50  | 7         | · 93/ — |          |              |             |             |           |        |       | A        | utho  | ized  | l Signa            | ature  | and   | Seal           |         |         |        |       |                      |    |
|  |   |           |         |          |              |             |             |           |        |       |          |   |       |                    |        |       |                |         |         |        |       |                      |    |