



Serials:



VISA APPLICATION FOR TOURISTS (Please complete the form in block letters or type.)

A. Personal data	1. Surname			<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>Recent Passport Photograph</p> <p>Please, do not staple!</p> </div> <hr style="border: 1px solid black;"/> <p style="text-align: center; font-weight: bold; margin-top: 10px;">FOR OFFICIAL USE ONLY</p>
	2. Given names			
	3. Other names <small>(Name assumed/ previous/ maiden etc)</small>			
	4. Date of birth		5. Country of birth	
	6. Nationality		7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
	8. Address Street City Country		9. Phone/Fax 10.E-mail	
	11. Employer/University's address			
	12. Phone/Fax			
	<small>Children (Complete this section if children included on your passport and traveling with you)</small>			
	13. Names	14. Date & place of birth	15. Nationalities	
	16. Type of passport: <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Ordinary		17. Number	
	18. Date of Issue	19. Validity	20. Place of issue	
	B. Travel & visa	21. Address & Phone of the travel agent		
22. Means of support (during your stay) <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Other				
23. Tourist visa requested for <input type="checkbox"/> <input type="checkbox"/> days, starting from.				
24. I declare that to the best of my knowledge the above particulars are correct and complete. I undertake to leave the territory of Mongolia upon the expiring date of the visa, if granted. I realize that possession of a visa is only on or the prerequisites for entry into the territory of Mongolia. If entry is refused I will have no claim to compensation.				
25. I would get registered within a week after my arrival in Mongolia at the Foreign Citizens and Naturalization Office and get deregistered before the departure at same office, if my stay lengths over thirty days.				
C. Control sector				

Place _____
Applicant's signature

Date _____

(In case of minors, signature of parents or guardian)