

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 55)
 - Multiple entries (AUD 275)
- TRANSIT
 - Single entry (AUD 45)
 - Double entries (AUD 90)
- NON-IMMIGRANT
 - Single entry (AUD 110)
 - Multiple entries (AUD 275)
 - Multiple entries - Retirement only (AUD 550)
- 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) _____

(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:
 TR MT TS
 S D F (OFFICIAL)
 C Non-B Non-ED-A
 Non-B-A Non-ED Non-O
 Non-F Non-M Non-O-X
 Non-O (VOLINTEER/NGO) Non-O-A Non-RS
 Non-R Non-R-A Non-EX

Number of Entries:
 Single Double Multiple

Date of Issue _____ Fee _____

Expiry Date _____

Authorised Signature and Seal _____

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)
Lodging application: 09.30 - 12.30 hrs.
Passport collection: 14.00 - 14.30 hrs.
 Email: visa@thaiconsulatesydney.org

Additional Application Form for Non-Immigrant Visa “O – A” (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 หรือไม่เป็นผู้ที่มีร่างกายทุพพลภาพ หรือเป็นโรคดังกล่าวข้างต้น

free from any defect

ลงชื่อ.....นายแพทย์ผู้ตรวจ

Signature

M.D.

(.....)

Name (in print)