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

☐ Mr.  ☐ Mrs.  ☐ Miss

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Family Name</th>
</tr>
</thead>
</table>

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) □

Please Indicate Type of Visa Requested

☐ TOURIST □ Single entry (AUD 60) □ Multiple entries (AUD 300)
☐ 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

(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:

[Selections]

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
Please complete using BLOCK letters.

<table>
<thead>
<tr>
<th>Title (Mr. Mrs. Ms. Miss.)</th>
<th>First name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
<td>Middle name</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Age</td>
</tr>
<tr>
<td>Issued at</td>
<td>Date of Issue</td>
</tr>
<tr>
<td>Nationality</td>
<td>Nationality at birth</td>
</tr>
<tr>
<td>Spouse name (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street number</th>
<th>Street Name</th>
<th>Suburb</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postcode</td>
<td>Phone Number</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td>Monthly income</td>
<td>Amount of saving</td>
<td></td>
</tr>
<tr>
<td>Financial Institution Name</td>
<td>Date of arrival in Thailand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel by</td>
<td>Flight No.</td>
<td>Port of Entry</td>
<td></td>
</tr>
</tbody>
</table>

**Proposed address to stay in Thailand**

<table>
<thead>
<tr>
<th>Street number</th>
<th>Tambon</th>
<th>Amphoe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province</td>
<td>Postcode</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

**Reference person in Thailand**

<table>
<thead>
<tr>
<th>Full name</th>
<th>Contact number</th>
</tr>
</thead>
</table>

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 _____/_____/_______
Medical Certificate

วันที่........................................

Date

I, Name ........................................ a medical doctor

holding medical license no. ........................................ issued on month year

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

have examined name on (date)

แล้วปรากฏว่า........................................ ประภาพาlk ดังต่อไปนี้

and have found name free from the following diseases:

1. โรคเรื้อน LEPROSY
2. วัณโรคระบาด Transferable TUBERCULOSIS (T.B.)
3. โรคเท้าช้าง ELEPHANTIASIS
4. โรคเฝ้าพัดดีไท ไทย DRUG ADDICTION
5. โรคซิฟิลิสในระยะที่ 3 THIRD STEP OF SYPHILIS

เป็นผู้มีร่างกายแข็งแรง สมบูรณ์ ไม่เป็นผู้มีโรคพิษพิษซึ่ง

name is in good physical and mental health

หรือไม่บุญบุระกษา หรือไม่เป็นผู้มีร่างกายทุพพลภาพ หรือเป็นโรคต่างคลำว่าข้างต้น

free from any defect

.......................................................... นายแพทย์ผู้ตรวจ

Signature M.D.

...........................................................

Name (in print)