

Serials: **VISA APPLICATION**

(Please complete the form in block letters or type.)

| | | | | |
|-----------------------------------|---|---------------------------|--|--|
| A. Personal data & Employment | 1. Surname | | | <p style="text-align: center;">Recent Passport Photograph</p> <p style="text-align: center;">Please, do not staple!</p> <hr/> <p style="text-align: center;">FOR OFFICIAL USE ONLY Konsulyn ajiltan buglunu DTG-yn kod <input type="checkbox"/><input type="checkbox"/></p> <p>A. Vis olgoson undeslel! GHY-ny zovshoorol Dugaar : Ognoo : GIHAEA-ny zovshoorol Dugaar : Ognoo : Busad undeslel:</p> |
| | 2. Given names | | | |
| | 3. Other names (Name assumed/ previous/ maiden etc) | | | |
| | 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. Your father's full name | | | |
| | 12. Your mother's full name | | | |
| | 13. Profession & Occupation | | 14. Employer/University | |
| 15. Employer/University's address | | | | |
| 16. Phone/Fax | | | | |
| B. Family record | 17. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | <p style="text-align: center;">B. Shiidver Olgoh visiin angial</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Yalgaa</p> <p><input type="checkbox"/> Oroh <input type="checkbox"/> Transit <input type="checkbox"/> hoyor udaa transit <input type="checkbox"/> oroh/garah <input type="checkbox"/> hoyor udaa oroh/garah <input type="checkbox"/> olon udaa oroh/garah 6 sar / 1 jil (dooguur zur)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">garyn useg</p> |
| | 18. Spouse's name | | 19. Spouse's Nationality | |
| | Children (Complete this section if children included on your passport and traveling with you) | | | |
| | 20. Names | 21. Date & place of birth | 22. Nationalities | |
| C. Passport | 23. Type <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Ordinary | 24. Number | 25. Issuing authority | |
| | 26. Date of Issue | 27. Validity | 28. Place of issue | |
| | 29. Dependents included on your passport (if different from above) | | | |
| D. Purpose of traveling | 30. Purpose of stay (explain details) | | | |
| | 31. Do you have work permit or acceptance for study in Mongolia? | | | |
| | 32. Reference in Mongolia Name Address Phone | | 33. Address & Phone (during your stay) | |
| | 34. Means of support (during your stay) <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Other | | 35. Proposed duration of stay | |
| | 36. Entry permit for the final country of destination (for transit passengers only) | | | |
| | 37. Arrival date | 38. Departure date | 39. Means of transport | |
| E. Visa | 40. Visa requested: <input type="checkbox"/> Entry <input type="checkbox"/> Transit <input type="checkbox"/> Double Transit <input type="checkbox"/> Entry & Exit <input type="checkbox"/> Double Entry & Exit <input type="checkbox"/> Multiple Entry & Exit | | | |

Name of Mongolian Mission abroad
Address of Mongolian Mission abroad

| | | | |
|--------------------|---|--|--|
| F. Background info | 41. Have you visited Mongolia before? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please give dates and lengths of each stay |
| | 42. Have you ever been refused a visa or entry? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain the reasons. |
| | 43. Have you ever been deported, or otherwise required to leave Mongolia? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please give the details |
| | 44. Have you ever been deported from another country? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please give details. |
| | 45. Have you ever had any infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please give details. |
| | 46. Have you done HIV test during the last six months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please give the results. |
| | 47. Emergency contact in applicant's country | Name Address Phone / Fax | |
| G. Commitments | <p>✓ I agree to my personal data on this application form being communicated to the appropriate authorities of Mongolia if necessary for the issue of visa</p> <p>✓ I declare that to the best of my knowledge the above particulars are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of Mongolia.</p> <p>✓ I undertake to leave the territory of Mongolia upon the expiring date of the visa, if granted.</p> <p>✓ 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.</p> <p>✓ 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.</p> | | |
| | H. Applicants statement | | |
| | | | |
| | | | |
| | | | |
| J. Control sector | <u>Ene heseqt visiin huudasny tasalbaryg naana</u> | | <u>Tusgai temdeglel</u> |
| | | | |

Place _____

Date _____

Applicant's signature _____

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

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Name of Mongolian Mission abroad
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