

MONGOLIAN VISA APPLICATION FORM EMBASSY OF MONGOLIA TO THE USA 2833 M STREET NW WASHINGTON DC 20007 TEL: (202) 333-7117 FAX: (202) 298-9227 E-MAIL: monconsul@aol.com WEB: http://www.mongolnet.com												PASSPORT NO. _____ VALID TILL (Month, Day, Year) _____ PASSPORT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> REGULAR <input type="checkbox"/> OTHER											
FULL NAME (First, Last, Mid)																							
DATE OF BIRTH (Month, Day, Year)						<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						EMPLOYING OFFICE											
PLACE OF BIRTH												JOB TITLE											
CURRENT CITIZENSHIP												CONTACT PHONE NO.											
CITIZENSHIP AT BIRTH												FAX											
RESIDENCE ADDRESS												E-MAIL											
												PURPOSE OF VISIT											
												PREVIOUS VISIT											
NAME, ADDRESS, PHONE NO. OF THE HOSTING COMPANY OR INDIVIDUAL IN MONGOLIA												EXPECTED DATE OF ENTRY											
												MEANS OF TRANSPORTATION											
												<input type="checkbox"/> AIR <input type="checkbox"/> LAND											
												DESIRED LENGTH OF STAY											
CHILDREN (If Accompanied)												PHOTO OF APPLICANT GLUE ONLY PLEASE DO NOT STAPLE											
NAME			_____			NAME			_____														
DATE OF BIRTH (Month, Day, Year)			_____			DATE OF BIRTH (Month, Day, Year)			_____														
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			_____			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			_____														
RELATION			_____			RELATION			_____														
CITIZENSHIP			_____			CITIZENSHIP			_____														
DOCUMENT			_____			DOCUMENT			_____														

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE (Month, Day, Year) _____ SIGNATURE OF APPLICANT _____