Directorate of Investment and Company Administration

VISA Application Form | Application for recommendation for visa extension

Note

If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.

1. Name of company (registered on Myanmar Companies Online MyCO) Name of the Company in English (required)

egistration Number of the Company		
ompany's principal activity or current activ	vities	
umber of employee(s) in Company	Foreigner	Local Person
Name and address of an Officer of the The Officer must be director/authorized officer/		
Full name in English (required)	Gender	
Designation	Male Female	
Address of Officer in English		
Street number and street name		
Unit, level, etc. (if applicable)	Quarter/City/Township	
State/Region Tel	lephone Number Email	

3. Signed by Officer of the Company

I certify that the information in this form and any document attached to this form are true and correct.

Signature:

4. Name, address and other information for each Applicant

A. First Applicant

Full name in English (required) (Name Mentioned in Passnort)	Photo
Nationality	Passport Number	

Address for applicant in English (within the Union)

Street number and street na	ame Unit, level, etc. (if applicable)	
Quarter/City/Township		
State/Region	Telephone Number Email	
State/Region	Telephone Number Email	
State/Region	Telephone Number Email	

Applicant's Designation in the Company

Gender	Visa Expiry Date		
Male Female	/	/	
Number of Times of Visa Ext	tension		
Duration to extend the Visa	a (3 months/6 months/1 Year)	Type of	f Visa (Single/Multiple/Stay Permit Only)

Signed by an Officer of the Company

I certify that the information in this form and any document attached to this form are true and correct and I will take responsibility for this applicant to stay in the Republic of the Union of Myanmar according to rule of law in Myanmar.

Signature:

B. Second Applicant

Full name in English (required) (Name Mentioned in Passport)

Photo

ionality	Passport Number	
Address for applicant in I	English (within the Union)	
Street number and street na	ame Unit, level, etc. (if applicable)	
Quarter/City/Township		
State/Region	Telephone Number Email	
olicant's Designation in the Com	npany	
	npany xpiry Date	
ider Visa Ex		
ider Visa Ex Male Female		
ider Visa Ex Male Female	xpiry Date / /	

Signed by an Officer of the Company

I certify that the information in this form and any document attached to this form are true and correct and I will take responsibility for this applicant to stay in the Republic of the Union of Myanmar according to rule of law in Myanmar.

Signature:

C. Third Applicant

Full name in English (required) (Name Mentioned in Passport)

Photo

Address for applicant in English (within the Union) Street number and street name Unit, level, etc. (if applicable) Quarter/City/Township Quarter/City/Township State/Region Telephone Number Email State/Region Telephone Number Email Applicant's Designation in the Company wration to extend the Visa (3 months/6 months/1 Year) Type of Visa (Single/Multiple/Stay Permit Only)	ationality		Passport Num	ıber		
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Street number and street name Unit, level, etc. (if applicable) Quarter/City/Township Quarter/City/Township State/Region Telephone Number Email pplicant's Designation in the Company ander Visa Expiry Date / / /	Address for applic	ant in English (withi	n the Union)			
Quarter/City/Township Quarter/City/Township State/Region Telephone Number Email State/Region Telephone Number Email Image: Provide the state of the state				nit level etc (if appli	cable)	
State/Region Telephone Number Email pplicant's Designation in the Company ender Visa Expiry Date Male Female (/ /) umber of Times of Visa Extension						
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Male Female / /	<u>, , , , , , , , , , , , , , , , , , , </u>					
Male Female / /						
umber of Times of Visa Extension						
		Visa Expiry Date				
		Visa Expiry Date	/			
uration to extend the Visa (3 months/6 months/1 Year) Type of Visa (Single/Multiple/Stay Permit Only)	Male Female	/	/			
uration to extend the Visa (3 months/6 months/1 Year) Type of Visa (Single/Multiple/Stay Permit Only)	Male Female	/	/			
	Male Female	/ ension	/			

Signed by an Officer of the Company

I certify that the information in this form and any document attached to this form are true and correct and I will take responsibility for this applicant to stay in the Republic of the Union of Myanmar according to rule of law in Myanmar.

Signature:

D. Applicant (Dependant)

Full name in English (required) (Name Mentioned in Passport)			
Nationality	Passport Number	ļ	

Address for applicant in English (within the Union)

Street number and street name]	Unit, level, etc. (if applicable)	
Quarter/City/Township			
State/Region	Telephone Numb	iber Email	

Applicant's Relationship with the Responsible Person in the Company

Gender	Visa Expiry Date			
Male Fema		/		
Number of Times of Vis	a Extension			
Duration to extend the	Visa (3 months/6 months/1 Year)	Туре о	f Visa (Single/Multiple/Stay Permit Only)	

Signed by an Officer of the Company

I certify that the information in this form and any document attached to this form are true and correct and I will take responsibility for this applicant to stay in the Republic of the Union of Myanmar according to rule of law in Myanmar.

Signature:

5. Lodged by

Name:	
Address:	Telephone:
	Email:

6. Checklist

The following must accompany this application form-

Copy of Passport Latest and VISA stamp page with (E-Visa) company seal & officer's seal & signature (for each applicant).

License/Permit/Evidence from Government Agency or Business Contract with other Related Organization (If Any)

Contract / Certificate