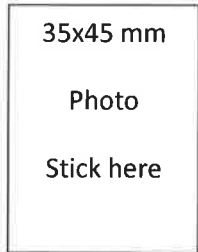


GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR
MINISTRY OF LABOUR, IMMIGRATION AND POPULATION
DIRETORATE OF IMMIGRATION AND NATIONAL REGISTRATION
IMMIGRATION DEPARTMENT
APPLICATION FOR MEDITATION VISA



1. Name in full (in Block letters) -----
2. Father's name full -----
3. Nationality ----- 4. Sex -----
5. Date of birth ----- 6. Place of birth -----
7. Occupation -----
8. **Personal description**
 - (a) Colour of hair----- (b) Height -----
 - (c) Colour of eyes ----- (d) Complexion-----
9. **Passport**
 - (a) Number ----- (b) Date of issue-----
 - (c) Place of issue ----- (d) Issuing authority-----
 - (e) Date of expiry -----
10. Permanent address-----
11. Telephone Number -----
12. Address in Myanmar -----
13. Purpose of entry into Myanmar -----
14. Name and address of guarantor during stay in Myanmar -----

15. Attention for Applicants

- (b) Apart from the professions mentioned in this visa application from applications are not to engage in any sort of work with or without charges.
- (b) Applicants shall abide by the laws of the Republic of the Union of Myanmar and shall not interfere in the internal affairs of the Republic of the Union of Myanmar.
- (c) Legal action will be taken against those who violate or contravene any provision of the existing laws, rules and regulations of the Republic of the Union of Myanmar.

I hereby declare that I fully understand the above-mentioned conditions, that the particulars given above are true and correct and that I will not engage in any activities irrelevant to the purpose of entry stated herein.

Date -----

Signature of applicant

(FOR OFFICIAL USE ONLY)

Visa No-----

Date -----

Visa authority: MOFA's letter No.

Dated:

Date-----

Place Hong Kong SAR

Consulate-General of
The Republic of the Union of Myanmar

REPUBLIC OF THE UNION OF MYAMAR
MINISTRY OF RELIGIOUS AFFAIRS AND CULTURE
DEPARTMENT OF THE PROMOTION AND PROPAGATION
OF THE SASANA KABA-AYE, YANGON
APPLICATION FOR THE STUDY OF THE THERAVADA BUDDHISM
IN MYANMAR

Mr./Mrs/Miss

Name (in block letters)Surname

Nationality

Age, date of birth

Place of birth

Education qualification

Profession

Experience

Present address

Permanent address

Passport No.

Issued at

Date of issue

Expiry date

Purpose of visit

Short visit/Long study

Date of arrival in Myanmar

Duration of proposed stay

Travelling by

Signature

Date

UNDERTAKING

I, undersigned, hereby declare that I will abide by the existing rules and regulations of the Republic of the Union of Myanmar and instructions of the Department of the Promotion and Propagation, Ministry of Religious Affairs and Culture during my stay in the Republic of the Union of Myanmar.

(Signature)

Name: -----

Passport No.-----

Date:

Place: Hong Kong