

IMMIGRATION DEPARTMENT NEGARA BRUNEI DARUSSALAM

VISA APPLICATION FORM

(PLEASE COMPLETE IN BLOCK LETTERS)

RECENT PHOTOGRAPH

Full Name:			Name in Chinese Characters: (if Applicable)	
Present	Former	(,)	/	
Nationality:	Nationality (if Applicable):			
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed	Sex: ☐ Male ☐ Female	Date o	f Birth:	Place of Birth:
Occupation:	Home Address:			Religion:
Particulars of Passport/Cert. of Identity: No.: Issued	at·	on	,	—l ∕alid until
Purpose of Entry	at			Valid UTIUI
☐ Holiday ☐ Business ☐ Interview ☐ Visi	t Relatives 🗌 As Dependant 🗌 Er	mployment 🗌 in	Transit	
If a private visit give name, address and lf a business or professional visit give r if for employment state the name and a lf in transit state the country of destinat	name and address of firm to be vis ddress of Employer.	sited.		
Pariticulars of persons accompanying applic	ant and included in his/her passpo	ort:	1	
Full Name:	(if Applicable)		Sex	Date
Type of visa required: Standard Single Entry		7		
Has the Applicant been refused entry to or of a separate sheet of	deported from any Country?	_		
Has the Applicant been convicted in a Court If "Yes", give details on a separate sheet of	of Law in any Country?			
Proposed Length of Stay	Proposed Date of Entry to Brunei Darussalam		Date of Previous Visit to Brunei Darussalam and in what capacity	
How much money is available for your visit (Evidence of this may be required)?	•		•	
Present Address:			Telephone Number:	
 a) I hereby declare that all the particulars b) I undertake not to misuse controlled departs c) I further undertake not to be engaged Immigration, Brunei Darussalam. d) I understand that if the Controller of Interpretable or prohibite family and we may be required to lear e) Also, I understand that immigration st Immigration authorities upan my arriival 	Irugs or to take part in any political I in any form of employment or bus nmigration is satisfied that I or any d immigrant he will cancel my imm ve Brunei Darussalam within 24 he atus and period of stay to be grant	or other activities siness without the member of my figration pass an ours of such car	ne written cons ramily breached the passes concellation.	sent of the Controller of s this undertaking or of the members of my
Date:	_		Signature of A	Applicant

OFFICIAL USE	VISA NO.:	PERIOD OF STAY:
APPROVED/NOT APPROVED SINGLE/MULTIPLE	VALIDITY:	VISA CATEGORY:
ENTRY/ENTRIES WITHIN MONTHS	A PPROVING OFFICER:	ISSUING OFFICER: