

IMMIGRATION DEPARTMENT NEGARA BRUNEI DARUSSALAM

VISA APPLICATION FORM

(PLEASE COMPLETE IN BLOCK LETTERS)

RECENT PHOTOGRAPH

	(PLEASE COMPLETE IN BLOCK	LLTTLNO)		
Full Name:		Name in Chir (If Applicable	nese Characters:	
Present Nationality:	Former Nationality (If Applicable):			
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed	Sex: ☐ Male ☐ Female	Date of Birtl	th: Place of Birth:	
Occupation:	Home Address:		Religion:	
Particulars of Passport/Cert. of Identity: No.:Issued a	t on	Valid	d until	
Purpose of Entry ☐ Holiday ☐ Business ☐ Interview ☐ Vis	t Relatives □ As Dependant □ Emp	loyment □ In T	Fransit	
Contact Address in Brunei Darussalam: 1) If a private visit give name, address ar 2) If a business or professional visit give 3) If for employment state the name and 4) If in transit state the country of destina	name and address of firm to be visit address of Employer.	ed.		
Particulars of persons accompanying appl	icant and included in his/her passpo	ort:		
Full Name:	Name in Chinese Characters: (If Applicable)	Sex	Date	
Type of visa required: Standrad Single Ent				
Has the Applicant been refused entry to on If 'Yes', give details on a separate sheet of	deported from any Country?		-	
Has the Applicant been convicted in a Coulf 'Yes', give details on a separate sheet of				
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 visi (Evidence of this may be required)?	t			
Present Address:		Telephone Number:		
 a) I hereby declare that all the particulars b) I undertake not to misuse controlled of Darussalam. c) I further undertake not to be engaged in Immigration, Brunei Darussalam. d) I understand that if the Controller of Immigration and we may be required to leave e) Also, I understand that immigration st Immigration authorities upon my arrival 	any form of employment or business nigration is satisfied that I or any men mmigrant he will cancell my immigrate Brunei Darussalam within 24 hours atus and period of stay to be grain	I or other activing without the written of my family ion pass and the sof such cance	ten consent of the Controller of ly breaches this undertaking or ne passes of the members of my ellation.	
Date:			Signature of Applicant	