

PERSONAL INFORMATION

Full Name

First Name

Middle Name

Last Name

Date of Birth

Gender

Male

Female

Month

Day

Year

Place of Birth

Country

State (if applicable)

City

Religion

PASSPORT INFORMATION

Nationality

Passport Type

Regular

Official

Diplomatic

Passport Number

Issue Date

Expiration Date

Month

Day

Year

Month

Day

Year

Issuer

PREVIOUS TRAVEL TO VIETNAM

Have you ever used any other passport(s) to enter Vietnam?

Yes

No

If Yes, please provide more information:

Passport Number	Full Name	Date of Birth	Nationality

Have you visited Vietnam in the past year?

Yes

No

If Yes, please provide more information:

From Date	To Date	Purpose

Have you ever violated any Vietnamese laws or regulations?

Yes

No

If Yes, please provide more information:

Violation	Date of Violation	Form of Sanction	Authority

CONTACT INFORMATION

Residential Address

City

State

Zip Code

Phone Number

OCCUPATION

Employment Status

Self Employed

Employed

Retired

Unemployed

Student

Official

Company / School Name

Position

Address

City

State

Zip Code

Phone Number

EMERGENCY CONTACT INFORMATION

Full Name

Relationship

Same as applicant's residential address?

Yes

No

Residential Address

City

State

Zip Code

Phone Number

TRIP DETAILS

Purpose of Visit Tourism Business Work Visiting Relatives

Arrival Date

Month Day Year

Entry Point

Exit Point

Is there an agency, organization, or individual the applicant plans to contact in Vietnam?

Yes No

If Yes, please provide more information:

Name	Phone	Address	Purpose

CONTACT INFORMATION IN VIETNAM

Address

Province / City

Ward

Phone Number

TRIP EXPENSES

How much do you intend to spend in Vietnam (USD)?

Who will cover the expenses? Company Myself

Payment Method Cash Card Traveler's Check

If expenses are covered by a company:

Same as employer? Yes No

Company Name

Company Address

Phone Number

RELATIVES IN VIETNAM

Do you have relatives who currently reside in Vietnam? Yes No

If Yes, please provide more information:

Table with 5 columns: Full Name, Date of Birth, Nationality, Address, Relationship

INSURANCE INFORMATION

Do you have insurance for the trip? Yes No

Insurance Information

APPLICANT DECLARATION

I certify that the information provided in this questionnaire is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading information may result in denial of the visa application.

Applicant Signature

Date