

Please attach
1 photograph
(3.5 x 4.5 cm)
Taken within
the last 6 months



VISA APPLICATION FORM
Royal Thai Consulate-General, Sydney
Level 8, 131 Macquarie St. Sydney NSW 2000

Please Indicate Type of Visa Requested

- ☐ TOURIST
☐ Single entry (AUD 60)
☐ Multiple entries (AUD 300)
☐ Special Tourist Visa (AUD 120)
☐ TRANSIT
☐ Single entry (AUD 50)
☐ Double entries (AUD 100)
☐ NON-IMMIGRANT
☐ Single entry (AUD 120)
☐ Multiple entries (AUD 300)
☐ Multiple entries - Retirement O-A (AUD 300)
☐ Multiple entries - Retirement O-X (AUD 600)
☐ DIPLOMATIC/ OFFICIAL/ COURTESY VISIT

☐ Mr. ☐ Mrs. ☐ Miss

First Name

Middle Name

Family Name

Marital Status ☐ Single ☐ Married ☐ other

Nationality at present

Nationality at Birth

Birth Place

City

Country

Date of Birth (DD/MM/YYYY)

Type of Travel Document

No. Issue at

Date of Issue Expiry Date

Occupation (specify present position and name of employer)

Current Address

Tel. Email:

Permanent Address (if different from above)

Proposed Address in Thailand

Full names and dates of birth of minor children (if accompanying)

Purpose of Visit: ☐ Tourism ☐ Transit
☐ Business ☐ Diplomatic/Official
☐ other (please specify)

(First Entry)

Date of Arrival in Thailand Flight No.

Date of Departure from Thailand Flight No.

(Second Entry (For double – entries visas only))

Date of Arrival in Thailand Flight No.

Date of Departure from Thailand Flight No.

Duration of Proposed Stay days

Signature Date

Attention to Tourist and Transit Visas Applicants

I hereby declare that the purpose of my visit to Thailand is for pleasure or transit only and that in no case shall I engage myself in any profession or occupation while in the country.

Signature Date

FOR OFFICIAL USE

Application/Reference No.

Visa No.

Type of Visa:

- ☐ Tourist ☐ Transit ☐ Non-Immigrant
☐ Diplomatic ☐ Official ☐ Courtesy

Category Visa:

- ☐ TR ☐ MT ☐ TS
☐ S ☐ D ☐ F (OFFICIAL)
☐ C ☐ Non-B ☐ Non-ED-A
☐ Non-B-A ☐ Non-ED ☐ Non-O
☐ Non-F ☐ Non-M ☐ Non-O-X
☐ Non-O (VOLINTEER/NGO) ☐ Non-O-A ☐ Non-RS
☐ Non-R ☐ Non-R-A ☐ Non-EX
☐ STV

Number of Entries:

- ☐ Single ☐ Double ☐ Multiple

Date of Issue Fee

Expiry Date

Authorised Signature and Seal

REMARK: Applicants are required to pay a visa fee which is non-refundable, regardless of whether the visa is approved or rejected. Monday-Friday (except public holidays)

Lodging application: 09.30 - 12.30 hrs.

Passport collection: 14.00 - 14.30 hrs.

Email: visa@thaiconsulatesydney.org

Additional Application Form for Non-Immigrant Visa “O – A” (Long Stay)

Please complete using BLOCK letters.

Title (Mr. Mrs. Ms. Miss.) _____ First name _____
Family name _____ Middle name _____
Date of birth ____/____/____ Age _____ Passport No. _____
Issued at _____ Date of Issue ____/____/____ Expiry Date ____/____/____
Nationality _____ Nationality at birth _____ Country of birth _____
Spouse name (if applicable) _____

Residential address (PO Box Not Accepted)

Street number _____ Street Name _____ Suburb _____ State _____
Postcode _____ Phone Number _____ Email _____

Occupation _____ Monthly income _____ Amount of saving _____
Financial Institution Name _____ Date of arrival in Thailand ____/____/____
Travel by _____ Flight No. _____ Port of Entry _____

Proposed address to stay in Thailand

Street number _____ Tambon _____ Amphoe _____
Province _____ Postcode _____ Phone Number _____

Reference person in Thailand

Full name _____ Contact number _____

I hereby declare that the above mentioned statements are true and accurate and that in no case shall I engage myself in any profession or occupation during my day in Thailand.

Signature _____

Name (In print) _____

Date ____/____/____

ใบรับรองแพทย์

Medical Certificate

วันที่.....

Date

ข้าพเจ้า นายแพทย์.....แพทย์แผนปัจจุบันชั้นหนึ่ง

I, Name

a medical doctor

ใบอนุญาตประกอบวิชาชีพเวชกรรม เลขที่.....ออกให้ ณ วันที่.....เดือน.....ค.ศ.....

holding medical license no.

issued on

month

year

ได้ทำการตรวจร่างกาย.....เมื่อวันที่.....

have examined

name

on (date)

แล้วปรากฏว่า.....ปราศจากโรค ดังต่อไปนี้

and have found

name

free from the following diseases:

- | | |
|--------------------------|------------------------|
| 1. โรคเรื้อน | LEPROSY |
| 2. วัณโรคระยะอันตราย | TUBERCULOSIS (T.B.) |
| 3. โรคเท้าช้าง | ELEPHANTIASIS |
| 4. โรคยาเสพติดให้โทษ | DRUG ADDICTION |
| 5. โรคซิฟิลิสในระยะที่ 3 | THIRD STEP OF SYPHILIS |

.....เป็นผู้มีร่างกายแข็งแรง สมบูรณ์ ไม่เป็นผู้มีจิตฟั่นเฟือน

name

is in good physical and mental health

หรือไม่สมประกอบ หรือไม่เป็นผู้ที่มีร่างกายทุพพลภาพ หรือเป็นโรคดังกล่าวข้างต้น

Free from any defect

ลงชื่อ.....นายแพทย์ผู้ตรวจ

Signature

M.D.

(.....)

Name (in print)



Department of Health Service Support, Ministry of Public Health of Thailand

Tel +6621937000 Ext. 18404, 18421 (Office Hours)

E-mail: medicalhub.hss@gmail.com website: www.hss.moph.go.th

Insurance Policy No.

Period of Insurance

...../...../..... to/...../..... Time.....

Foreign Insurance Certificate

for Alien to apply for Non-Immigrant Visa Type O-A (Period not exceeding 1 Year)

in accordance with the Cabinet Resolution, dated 2 April B.E. 2562 (2019)

Insurance Policy Title.....

This insurance certificate is issued to certify that Name.....Surname.....
Nationality.....Gender.....Age.....Years Passport No. ; the insured person
is insured in accordance with the Cabinet Resolution, dated 2 April B.E. 2562 (2019). The period of insurance begins from
D/M/Y..... athours until
D/M/Y.....at.....hours as stipulated on the Insurance Policy No..... of the
Company..... With the following Insurance Covers:

1. Outpatient Benefit – with a sum insured of not less than _____/year
2. Inpatient Benefit – with a sum insured of not less than _____/year

.....
() () ()
Director Director Authorized Signature

Insurance Company Address

.....
.....

Telephone Number

Contact Person.....

E-mail.....

Website of the Insurance Company

.....