

## PERSONAL GUEST APPLICATION FORM

(PLEASE TYPE OF WRITE IN CAPI	TAL LETTERS IN BLUE OR BLACK INK)		
I. Details of the applicant:			
1. Name:			
2. Diplomatic card No./Work Permit No.	3. Occupation:		
4. Complete current address:	5. Phone no:		
	6. email:		
II. Details of the guest:			
1. Name:			
2. Nationality:	3. Passport No:		
IV. Declaration:   I have signed and submitted this form to the Department of Immigration on my own free will and with the full knowledge and understanding that I will be liable for prosecution by a court of law and/or any penalties/fines under Immigration Act of the Kingdom of Bhutan and any other laws, rules and regulations as may be applicable, for submission of any false, fabricated or misleading information or documents for purpose of obtaining personal guest visa. I am aware that personal guest visa is not an entitlement and the Department of Immigration reserves the right to reject my application. If the visa for my guest is approved, I agree to abide by the following conditions:   (a) Comply with the provisions of the Immigration Act and any regulations or notifications thereof, in force in the Kingdom of Bhutan;   (b) Be responsible for the cost of his or her stay in the Kingdom and repatriation thereof, in forces in the Kingdom of Bhutan;   (c) Deposit the Sustainable Development Fee to the Department and bear the applicable fines and penalties as may be imposed, if it is established that the guest is a tourist;   (d) Ensure that the guest will not engage in any act or form of employment paid or unpaid, or in any business, or any other activity, which in the opinion of the Department, is detrimental to the security, reputation and wellbeing of the Kingdom;   (e) Ensure that the guest shall not seek to stay beyond the approved visa duration or 30 days, whichever is less;     (f) In the event of missue, I understand that I will not be allowed to invite any personal guest for 5 years and will also be imposed applicable fines and penalties.    Recent Passport size photo of applicant			
Witnessed by: Signature: Name and CID no:			

Address and contact no: