## TRIỂN LÃM Y TẾ QUỐC TẾ VIỆT NAM LẦN THỨ 12 Pharmed & Healthcare Vietnam



## (10) APPLICATION FOR VISA APPROVAL LETTER

Please note your type of business visa is One-month single entry visa

Note: the visa arrangement fee is NOT included the visa stamp fee charged by Vietnamese embassies/consulates

* PLEASE TYPE CLEARLY, IN BLOCK LE	TTERS, ONE COPY FOR EACH APPLICANT.
First Name:	Given Name:
Date and place of birth:	
Nationality	Gender (Males/ Female)
Passport number:	Issued at
Date of Issued	Date of expiry:
Location and date for visa pick-up	
Remarks:	
The visa approval and reference number wi then there will be US\$5 as surcharge for fax	Il be informed via Email. If you want to receive the visa details by fax, x sending cost.
Payment:	
VISA APPLICATION FEE: 120 USD/ Person	(before arrive 20 working days)
VISA APPLICATION FEE: 150 USD/ Person	(before arrive 5 working days)
Orders without payment will not be enter following address, then send us a fax or em	rtained. Please make payment by Telegraphic Transfer (T/T) to the hail $01\ \text{bank transfer}$ :
Account Name: ADPEX JOINT STOCK CO	DMPANY
Account (USD): 0371370397795 at VIETCO Bank's add: 72 Pham Ngoc Thach str., I SWIFT code: B F T V V N V X 007	MBANK – Tan Dinh Dist.3, Ho Chi Minh City, Vietnam
Please return this application form to	<i>:</i>
ADPEX JOINT STOCK COMPANY	Exhibitor:
G3 – No. 6 Phung Khac Khoan – Dist. 1 – HCMC Tel: (+84 8) 38239052 * Fax: (+84 8) 38239053 <b>Hanoi Office</b> R. 405, 20 Ly Thuong Kiet, Hoan Kiem, Hanoi	20052
	reison in-charge:
Tel: (+84 4) 35162063 * Fax: (+84 4) 3516	Signature and stamp:

Email: pharmed@pharmed.vn