



F. Background info	41. Have you visited Mongolia before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give dates and lengths of each stay
	42. Have you ever been refused a visa or entry clearance at the Mongolian Diplomatic Missions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the reasons.
	43. Have you ever been deported, removed or otherwise required to leave Mongolia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give the details
	44. Have you ever been deported from another country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details.
	45. Have you ever got any infectious disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details.
	46. Have you done HIV test during the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give the results.
	47. Emergency contact in applicant's country	Name Address Phone / Fax	
G. Commitments	<input checked="" type="checkbox"/> I agree to my personal data on this application form being communicated to the appropriate authorities of Mongolia if necessary for the issue of visa		
	<input checked="" type="checkbox"/> I declare that to the best of my knowledge the above particulars are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of Mongolia.		
	<input checked="" type="checkbox"/> I undertake to leave the territory of Mongolia upon the expiring date of the visa, if granted.		
	<input checked="" type="checkbox"/> I realize that possession of a visa is only one of the prerequisites for entry into the territory of Mongolia. If entry is refused I will have no claim for compensation.		
	<input checked="" type="checkbox"/> I would get registered within a week after my arrival in Mongolia at the Immigration and Naturalization Office and get deregistered before the departure at same office, if my stay lengths over thirty days.		
H. Applicants statement			
J. Control sector	<u>Yiy öyñyaò àèçèéí óóóààníú óàñàéààdúà íààíà</u>		<u>Óóñàéé öýìàýàéýé</u>

Place \_\_\_\_\_

Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_  
(In case of minors, signature of parents or guardian)