

# GLOBAL VISA LAB

YOUR TRUSTED PARTNER FOR INTERNATIONAL VISA SERVICES

## THAILAND NON-IMMIGRANT O-A EVISA APPLICATION PACKAGE

Thank you for choosing Global Visa Lab.  
To ensure the efficient and prompt processing of your visa application,  
please complete the following sections and submit all the required documents.

1. Checklist
2. Visa Order Form
3. eVisa Questionnaire
4. Medical Certificate
5. Foreign Insurance Certificate (FIC) form



### PROCESSING NOTE

We will begin processing your application once we have received all the required documents. To avoid delays, please complete the checklist and ensure that all documents are clear and legible before submitting them by email.



### WHERE TO SEND YOUR APPLICATION

Please submit all required documents to [info@globalvisalab.ch](mailto:info@globalvisalab.ch).  
We will process your application and send the approved eVisa to you by secure email.  
Please ensure you print the approved eVisa and present it to the immigration officer upon arrival at your port of entry.



### SUPPORT

Should you have any queries or require assistance with your application, please do not hesitate to contact us. One of our team members will be happy to assist you.



[www.globalvisalab.ch](http://www.globalvisalab.ch)



[info@globalvisalab.ch](mailto:info@globalvisalab.ch)



+41 31 533 43 43



Postfach 490, 3000 Bern 14

Please tick to confirm you have provided the following: ✓



### EVisa QUESTIONNAIRE

- Please find the questionnaire below in this application package
- All questions must be answered in full in order for us to complete your application accurately



### COPY OF PASSPORT

- Please provide a clear color scan of the bio/photo page of your passport
- Must be valid within 18 months from travel date
- Should contain at least 1 blank visa page
- The passport must contain the signature of the passport holder



### 1X DIGITAL PHOTOGRAPH

- A digital passport-type photograph (color JPEG scan)
- The photo must have a white background and must have been taken within the past six months
- The photo must be clear with no shadows, pixelization, or distortions, with a minimum resolution of 300 DPI



### FINANCIAL EVIDENCE

- Please select one of the options:
  - a bank statement of the last the last 3 months from the applicant's private or saving account (in Switzerland or Thailand) showing a current balance no less than 800,000 THB
- or
- a monthly pension income certificate no less than 65,000 THB



### CERTIFICATE OF CRIMINAL RECORD CLEARANCE

- Must be issued by a local competent authority stating that the applicant is not registered in the criminal record. **The certificate is valid for 90 days at maximum.**



**MEDICAL CERTIFICATE**

- The [medical certificate](#) must be issued by a local competent medical agency, showing no prohibitive diseases as follows: Leprosy, Tuberculosis, Elephantiasis, drug addiction, the third stage of Syphilis.  
**The medical certificate is valid for 90 days at maximum.**

**FOREIGN INSURANCE CERTIFICATE (FIC) FORM**

- The FIC Form must be completed, signed, and stamped by the insurance company. The participating Insurance Company Namelist and Contact list can be downloaded [here](#)

**HEALTH INSURANCE**

- Issued by a Thai or foreign insurer for general illness, including COVID-19, with the insured sum of no less than 100,000 USD or 3,000,000 THB

**RESIDENCE PERMIT**

- Proof of Swiss nationality **or** Swiss/Liechtenstein permanent residence C permit.

**GLOBAL VISA LAB ORDER FORM**

- Please complete the Global Visa Lab Order Form included in this application package



## Applicant Details

(As shown in passport)

Given name (s):  Surname:

## Contact Details

Whom should we contact regarding the order?

Given name (s):  Surname:

Phone Number:  Email:

## Return Date

The date by which your passport or eVisa must be in your possession:

## Visa Service

Country:	Entry Date:	Exit Date:	Visa Type (Tourist, Business, Other):	No. of Entries (Single, Double, Multiple):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Invoice Address

Name:

Company:

Address:

Zip / City:

PO Number/Cost Center etc.:

## Delivery Address (If different from invoice address)

Name:

Company:

Address:

Zip / City:

PO Number/Cost Center etc.:

## Delivery Method

- Registered Mail Switzerland (A-Post): 8.50 CHF
  Courier Switzerland Standard: 19.50 CHF
  Same Day Courier: Price on request  
 Registered Mail Express Switzerland: 20.00 CHF
  Courier Switzerland Express: 24.00 CHF
  Email (only for eVisa)

## Payment Method

Credit Card Name on Card:  Card No.:  Expiry date (mm/yyyy):

Invoice

TWINT

Place | Date:

Signature: .....

### Personal Information

Nationality:

Surname:  As shown in passport

Given name(s):  As shown in passport

Other / former name(s):  If applicable

Gender:  Male  Female

Date of birth:  DD/MM/YYYY

Place of birth:

Town/City:

Country:

Marital status:  Married  Divorced  Single  Widowed  
 Other

Passport number:

Issuing country:

Issuing authority:

Issue date:  DD/MM/YYYY

Expiry date:  DD/MM/YYYY

Do you have or have you ever held any other nationalities?  
 Yes  No

**If yes** Other nationality:

Occupation:

Employer name:  If applicable

Annual income:  CHF

*The above field is still mandatory even if you are **retired**.*

### Applicant Contact Details

Phone number:

Email address:

Current address:

Street:

Town/City:

State/Province:

Postcode:

Country:

Is your permanent address the same as your current address?  
 Yes  No

**If no** Permanent address:

Street:

Town/City:

State/Province:

Postcode:

Country:

### Travel Details

Purpose of travel:  
 Tourism  Visiting friend(s)  Visiting family  
 Transit  Other

Visa type:  
 Single Entry  Multiple Entry

Arrival date:  DD/MM/YYYY

Departure date:  DD/MM/YYYY

Length of stay:  Days

Arrival information:

**If border crossing** Name of checkpoint:

**If airport** Flight number/Airline:

**If seaport** Vessel name/number:

### Travel Details

Accommodation type:

- Hotel
  Hostel
  Guesthouse  
 Private Property
  Dormitory

*Please complete this section if you have selected **hotel, hostel** or **guesthouse**:*

Accommodation name:

Accommodation address:

Street:	<input type="text"/>
	<input type="text"/>
Town/City:	<input type="text"/>
State/Province:	<input type="text"/>
Postcode:	<input type="text"/>

*Please complete this section if you have selected **private property** or **dormitory**:*

Inviter's name:

Accommodation address:

Street:	<input type="text"/>
	<input type="text"/>
Town/City:	<input type="text"/>
State/Province:	<input type="text"/>
Postcode:	<input type="text"/>

Telephone number:

Have you ever visited Thailand?

- Yes
  No

Have you previously applied for a visa for Thailand?

- Yes
  No

Are you travelling as part of a tour group?

- Yes
  No

### Additional Details

Please provide any further information that you think may be relevant to your application:

ใบรับรองแพทย์  
**MEDICAL CERTIFICATE**

วันที่.....  
Date

ข้าพเจ้า นายแพทย์.....แพทย์แผนปัจจุบันชั้นหนึ่ง  
Name a medical doctor

ใบอนุญาตประกอบวิชาชีพเวชกรรม เลขที่..... ออกให้ ณ วันที่..... เดือน..... ค.ศ.....  
holding medical license No. issued on day month A.D.

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 หรือ ไม่เป็นผู้ที่มีร่างกายทุพพลภาพ หรือเป็น โรคดังกล่าวข้างต้น  
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.hss64@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 1 Year)**

**Insurance Policy Title.....**

This insurance certificate is issued to certify that Name.....Surname.....  
Nationality.....Gender.....Age.....Years Passport No. .... ; the insured person is  
insured by health insurance in accordance with the law and regulations for foreigners who apply for the Non-Immigrant  
Visa Type O-A (period 1 year). The coverage territory of this health insurance includes Thailand. This health insurance  
also covers Covid-19 disease with the total sum insured of THB.....per policy year. (Subject to  
the benefits detailed in the schedule of the insurance policy)

The period of insurance begins from D/M/Y..... at .....hours until  
D/M/Y.....at.....hours as stipulated on the Insurance Policy No.....  
of the Company.....

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

**Insurance Company Address** .....  
.....  
.....  
**Telephone Number** .....  
**Contact Person**.....  
**E-mail**.....  
**Website of the Insurance Company** .....  
.....