



Islamic Republic of Afghanistan Visa Application Form

Personal Details	
Title:	<input type="text"/>
Family Name:	<input type="text"/>
Given Names:	<input type="text"/>
Father's Full Name:	<input type="text"/>
Date of Birth (Gregorian):	DD / MMM / YYYY <input type="text"/>
Country of Birth:	<input type="text"/>
Marital Status:	Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow / Widower <input type="checkbox"/>
Gender:	<input type="radio"/> Female <input type="radio"/> Male
Child: (Under 18 Years)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Residence:	<input type="text"/>
Nationality:	<input type="text"/>
Other Nationalities:	<input type="text"/>
Contact Details	Name <input type="text"/>
Current Address:	Address <input type="text"/>
	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
Email Address:	<input type="text"/>
Mobile:	<input type="text"/> Work Tel: <input type="text"/>
Home Tel:	<input type="text"/> Fax: <input type="text"/>
Employment Details	<input type="text"/>
Current Occupation:	<input type="text"/>
Employer's Name:	<input type="text"/>
Employer's Address:	Address <input type="text"/>
	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
Previous Employer's Name:	<input type="text"/>
Previous Employer's Address:	Address <input type="text"/>
	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>

Visa Details

Visa Type:

 Purpose of Journey:
 Business
 Convention/Conference
 Education
 Employment
 Exhibition
 Visiting Friends/Family
 Holiday
 Other
Entry Date: Point of Entry: Intended Duration of Stay (days): Number of Children Accompanied: Places in Afghanistan intended to visit: Complete Address in Afghanistan: Name Address City Province Have you ever visited Afghanistan before? Yes NO

If yes, please provide details:

Have you applied for an Afghanistan Visa before? Yes NO

If yes, please provide details:

Do you have a criminal record? Yes NO

If yes, please provide details:

Passport DetailsPassport Type: Passport Number: Place of Issue: Issue Date: Expiry Date:

I declare that the information provided in this application is true and correct

Signature: (please sign within the box)

Date: DD / MMM / YYYY

Passport Photograph: (Please Attach Within The Square Below).
Note: The photograph must comply with the attached guidelines.

Please Attach Photo Here	Guarantor must endorse the photo
	This is a true photo of: _____ (name of applicant)
	_____ (signature of guarantor)

Reset Form

Islamic Republic of Afghanistan Visa Application Form

OFFICE USE ONLY

Receiving Office:

Application Details:

Date Application Received:

Date of Application:

Visa Type:

Comments:

Observations:

Passport Details

Name:

Passport Number:

Issued By:

Visa Issued: yes no

Visa Number:

Visa Serial Number:

Issued by:

Issuing office:

Date:

Collected by / Sent to:

(note, if collected by someone other than the applicant, written authorisation must be provided by the applicant and retained on file)