



Islamic Republic of Afghanistan Visa Application Form

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

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:

Have you ever visited Afghanistan before? No Yes
If yes, please provide details:

Have you applied for an Afghanistan Visa before? No Yes
If yes, please provide details:

Do you have a criminal record? No Yes
If yes, please provide details:

Passport Details

Passport 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.

<i>Please Attach Photo Here</i>	Guarantor must endorse the photo <i>This is a true photo of:</i> ----- <i>(name of applicant)</i> ----- <i>(signature of guarantor)</i>
---------------------------------	---

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: <input type="checkbox"/> yes <input type="checkbox"/> no
Visa Number:
Visa Serial Number:
Issued by:
Issuing office:
Date:
Collected by / Sent to: <i>(note, if collected by someone other than the applicant, written authorisation must be provided by the applicant and retained on file)</i>