



# Islamic Republic of Afghanistan Visa Application Form

<b>Personal Details</b>	
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"/> <b>Male</b>
Child: (Under 18 Years)	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Country of Residence:	<input type="text"/>
Nationality:	<input type="text"/>
Other Nationalities:	<input type="text"/>
<b>Contact Details</b>	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"/>
<b>Employment Details</b>	<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"/>

<b>Visa Details</b>			
Visa Type:			
Purpose of Journey:	<input type="checkbox"/> <b>Business</b>	<input type="checkbox"/> <b>Convention/Conference</b>	<input type="checkbox"/> <b>Education</b>
	<input type="checkbox"/> <b>Exhibition</b>	<input type="checkbox"/> <b>Visiting Friends/Family</b>	<input type="checkbox"/> <b>Employment</b>
		<input type="checkbox"/> <b>Holiday</b>	<input type="checkbox"/> <b>Other</b>
Entry Date:	<input style="width:150px;" type="text"/>	Point of Entry:	<input style="width:150px;" type="text"/>
Intended Duration of Stay (days):	<input style="width:100px;" type="text"/>	Number of Children Accompanied:	<input style="width:50px;" type="text"/>
Places in Afghanistan intended to visit:	<input style="width:250px;" type="text"/>		
Complete Address in Afghanistan:			
Name	<input style="width:450px;" type="text"/>		
Address	<input style="width:450px;" type="text"/>		
City	<input style="width:100px;" type="text"/>	Province	<input style="width:100px;" type="text"/>
Have you ever visited Afghanistan before?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>NO</b>	
If yes, please provide details:			
<input style="width:450px;" type="text"/>			
Have you applied for an Afghanistan Visa before?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>NO</b>	
If yes, please provide details:			
<input style="width:450px;" type="text"/>			
Do you have a criminal record?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>NO</b>	
If yes, please provide details:			
<input style="width:450px;" type="text"/>			

<b>Passport Details</b>	
Passport Type:	<input style="width:300px;" type="text"/>
Passport Number:	<input style="width:300px;" type="text"/>
Place of Issue:	<input style="width:300px;" type="text"/>
Issue Date:	<input style="width:300px;" type="text"/>
Expiry Date:	<input style="width:300px;" type="text"/>

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

<p><b>Signature:</b> (please sign within the box)</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin: 10px 0;"></div> <p>Date:      DD / MMM / YYYY</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 20px;"></div>	<p>Passport Photograph: (Please Attach Within The Square Below). Note: The photograph must comply with the attached guidelines.</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p style="font-size: 1.2em; color: gray;">Please Attach Photo Here</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="font-weight: bold; font-size: 0.9em;">Guarantor must endorse the photo</p> <p style="font-size: 0.8em;">This is a true photo of:</p> <p style="font-size: 0.8em; border-top: 1px dashed black; margin: 2px 0;">(name of applicant)</p> <p style="font-size: 0.8em; border-top: 1px dashed black; margin: 2px 0;">(signature of guarantor)</p> </div>
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# 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)