

Islamic Republic of Afghanistan Visa Application Form

Application Registra	ation #: I	NYO 00	Visa #	#:			Date: / / 2015			
Above part is for office use ONLY										
Personal Details										
Surname:										
Given Names:										
Father's Full Name:										
Date of Birth (Gregorian): MMM / DD / YYYY										
Country of Birth:										
Marital Status:	Single	Engage	ed	Mar	ried	Separated	Widow / Widower			
Gender:	Female		Male							
Child: (Under 18 Years	5)	Yes	No							
Country of Residen	ce:									
Nationality:										
Other Nationalities:	:									
Contact Details										
Current Address:										
Address:										
City:			State	e:			Zip Code:			
Email Address:										
Mobile:					Work Tel:					
Home Tel:					Fax:					
Employment Details										
Current Occupation:										
Employer's Name:										
Employer's Address	5:									
Previous Employer's Name:										
Previous Employer's Address:										

Visa Details										
Visa Type:										
Purpose of Journey:	Business Exhibition	Convention / Visiting Frien		Education Holiday	Employment Other					
Entry Date:			Point of Entry:							
Intended Duration of Stay		Number of Children Accompanied:								
Places in Afghanistan intended to visit:										
Complete Address in Afghanistan:										
Have you ever visited Afgh	anistan before?		No	Yes						
If yes, please provide details:										
Have you applied for an Af If yes, please provide details:	ⁱ ghanistan Visa b	efore?	No	Yes						
Do you have a criminal rec	cord?		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										
Passport Photograph: (Please Attach Within The Square Below).										
Signature: (please sign within the box)			Note: The photograph must comply with the attached guidelines.							
					Guarantor must					
			Pleas		endorse the photo This is a true photo of:					
				ch						
			Pho Hei	(r	íname of applicant)					
Date: DD / MMM /	/ YYYY			-	'signature of guarantor)					
,,				(Signature of guarantor)					
				l.						

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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: Dyes D 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)