



# 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:	

<p>Visa Details</p>			
<p>Visa Type:</p>			
<p>Purpose of Journey:    <input type="checkbox"/> Business    <input type="checkbox"/> Convention / Conference    <input type="checkbox"/> Education    <input type="checkbox"/> Employment  <input type="checkbox"/> Exhibition    <input type="checkbox"/> Visiting Friends / Family    <input type="checkbox"/> Holiday    <input type="checkbox"/> Other</p>			
<p>Entry Date:</p>	<p>Point of Entry:</p>		
<p>Intended Duration of Stay (days):</p>	<p>Number of Children Accompanied:</p>		
<p>Places in Afghanistan intended to visit:</p>			
<p>Complete Address in Afghanistan:</p>			
<p>Have you ever visited Afghanistan before?                      <input type="checkbox"/> No                      <input type="checkbox"/> Yes  <i>If yes, please provide details:</i></p>			
<p>Have you applied for an Afghanistan Visa before?                      <input type="checkbox"/> No                      <input type="checkbox"/> Yes  <i>If yes, please provide details:</i></p>			
<p>Do you have a criminal record?                      <input type="checkbox"/> No                      <input type="checkbox"/> Yes  <i>If yes, please provide details:</i></p>			
<p>Passport Details</p>			
<p>Passport Type:</p>			
<p>Passport Number:</p>			
<p>Place of Issue:</p>			
<p>Issue Date:</p>			
<p>Expiry Date:</p>			
<p>I declare that the information provided in this application is true and correct</p>			
<p>Signature: <i>(please sign within the box)</i></p> <div style="border: 1px solid black; height: 80px; margin: 10px 0;"></div> <p>Date:         DD / MMM / YYYY</p>	<p>Passport Photograph: <i>(Please Attach Within The Square Below).</i>  Note: The photograph must comply with the attached guidelines.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: middle;"> <p><i>Please Attach Photo Here</i></p> </td> <td style="width: 50%; padding: 5px;"> <p><b>Guarantor must endorse the photo</b></p> <p><i>This is a true photo of:</i></p> <p>.....  <i>(name of applicant)</i></p>   <p>.....  <i>(signature of guarantor)</i></p> </td> </tr> </table>	<p><i>Please Attach Photo Here</i></p>	<p><b>Guarantor must endorse the photo</b></p> <p><i>This is a true photo of:</i></p> <p>.....  <i>(name of applicant)</i></p> <p>.....  <i>(signature of guarantor)</i></p>
<p><i>Please Attach Photo Here</i></p>	<p><b>Guarantor must endorse the photo</b></p> <p><i>This is a true photo of:</i></p> <p>.....  <i>(name of applicant)</i></p> <p>.....  <i>(signature of guarantor)</i></p>		

# 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>