



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: <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			
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? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide details:</i>			
Have you applied for an Afghanistan Visa before? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide details:</i>			
Do you have a criminal record? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide details:</i>			
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			
<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> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <table style="width: 100%; border: none;"> <tr> <td style="border: none; vertical-align: middle; text-align: center; padding: 5px;"><i>Please Attach Photo Here</i></td> <td style="border: none; vertical-align: top; padding: 5px;"> <p>Guarantor must endorse the photo</p> <p><i>This is a true photo of:</i></p> <p>-----</p> <p><i>(name of applicant)</i></p> <p>-----</p> <p><i>(signature of guarantor)</i></p> </td> </tr> </table> </div>	<i>Please Attach Photo Here</i>	<p>Guarantor must endorse the photo</p> <p><i>This is a true photo of:</i></p> <p>-----</p> <p><i>(name of applicant)</i></p> <p>-----</p> <p><i>(signature of guarantor)</i></p>
<i>Please Attach Photo Here</i>	<p>Guarantor must endorse the photo</p> <p><i>This is a true photo of:</i></p> <p>-----</p> <p><i>(name of applicant)</i></p> <p>-----</p> <p><i>(signature of guarantor)</i></p>		

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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: <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>