



# Islamic Republic of Afghanistan Visa Application Form

<b>Personal Details</b>	
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:	
<b>Contact Details</b>	
Current Address:	
Email Address:	
Mobile:	Work Tel:
Home Tel:	Fax:
<b>Employment Details</b>	
Current Occupation:	
Employer's Name:	
Employer's Address:	
Previous Employer's Name:	
Previous Employer's Address:	

<b>Visa Details</b>			
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>			
<b>Passport Details</b>			
Passport Type:			
Passport Number:			
Place of Issue:			
Issue Date:			
Expiry Date:			
I declare that the information provided in this application is true and correct			
<b>Signature:</b> <i>(please sign within the box)</i>  <div style="border: 1px solid black; height: 80px; width: 100%;"></div>  Date:            DD / MMM / YYYY	Passport Photograph: <i>(Please Attach Within The Square Below).</i> Note: The photograph must comply with the attached guidelines.  <div style="border: 1px solid black; padding: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 50%; text-align: center; vertical-align: middle; padding: 5px;"> Please Attach Photo Here </td> <td style="border: 1px solid black; width: 50%; padding: 5px;"> <p><b>Guarantor must endorse the photo</b></p> <p>This is a true photo of:</p> <p>-----</p> <p><i>(name of applicant)</i></p> <p>-----</p> <p><i>(signature of guarantor)</i></p> </td> </tr> </table> </div>	Please Attach Photo Here	<p><b>Guarantor must endorse the photo</b></p> <p>This is a true photo of:</p> <p>-----</p> <p><i>(name of applicant)</i></p> <p>-----</p> <p><i>(signature of guarantor)</i></p>
Please Attach Photo Here	<p><b>Guarantor must endorse the photo</b></p> <p>This is a true photo of:</p> <p>-----</p> <p><i>(name of applicant)</i></p> <p>-----</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:     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)*