

Islamic Republic of Afghanistan Visa Application Form

Application Registration #: NYO 00 Visa #:						Date: / / 20			
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	Engageo	d Ma	rried	Separated	Widow / Widower			
Gender:	Female		Male						
Child: (Under 18 Years	s)	Yes	No						
Country of Residen	ice:								
Nationality:									
Other Nationalities	:								
Contact Details									
Current Address:									
Address:									
City: State:			Zip Code:						
Email Address:									
Mobile:				Work Tel:					
Home Tel:				Fax:					
Employment Det	ails								
Current Occupation:									
Employer's Name:									
Employer's Address	s:								
Previous Employer	's Name:								
Previous Employer's Address:									

Visa Details								
Visa Type:								
Purpose of Journey:BusinessConvention /ExhibitionVisiting Frien		Education Holiday	Employment 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?	No	Yes						
If yes, please provide details:	NO	163						
Have you applied for an Afghanistan Visa before? If yes, please provide details:	No	Yes	Yes					
Do you have a criminal record?	No	Yes						
If yes, please provide details:	NO	163						
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.							
	galacine	Gu	arantor must					
	Pleas Attac Phot Her	en	dorse the photo					
			is is a true photo of:					
		oto	ame of applicant)					
	11010	-						
Date: DD / MMM / YYYY		(się	gnature of guarantor)					

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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)					