د افغانستان لوی تفارت – وانشنکتن دی سی



خارت کبرای افغانستهان – واستشنکتن دی سی

Embassy of Afghanistan

VISA APPLICATION

Washington, D.C.					Fo	rm EOA-VA
=	Last Name		Date			
	First Name (First, Middle)		Daytime Phone			
						عکد
	Date of Birth (Month/Day/Year)		Place of Birth			noto
	Country of Citizenship		Gender			
	Passport No.		Place of Issue:			
	Date of Issue:		Expiration Date:			
			•			
	ADDRESS INFORMATION Present Address (Street or Rural 1	Route) (C	City or Post Office)	(5	State) (Z	Cip Code)
	`	, ,	,	`	, ,	,
	Telephone (Home)	(Work)				
	REASON FOR VISIT					
	Please Explain:					
	Date of Entry		Point of Entry			
	Duration of Stay					
	Have you visited Afghanistan before? YES NO					
	If Yes. Please include all dates of visit, purpose and				_	
			From:	1	o:	
	Places in Afghanistan you intend to visit:					
	Profession / Occupation:					
	Name and Address of Employer:					
	Address in Afghanistan:					
	Address in Augustian.					
Embassy of Afghanistan,						
2341 Wyoming Ave., N.W. Washington, D.C. 20008						
Tel: (202) 483-6410 Fax: (202) 483-6487	Signature			Date /	1	1
(,,						

Form EOA-VA