

Islamic Republic of Afghanistan Visa Application Form

Application Registration #: NYO 00 Visa #:						Date: / / 2015			
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	Engaged	l Ma	rried	Separated	Widow / Widower			
Gender:	Female	ľ	Male						
Child: (Under 18 Years	s)	Yes I	No						
Country of Residen	ice:								
Nationality:									
Other Nationalities	:								
Contact Details									
Current Address:									
Address:									
City: State:			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				
	Plea Attac Pho Her	en	dorse the photo				
			is is a true photo of:				
		0 (na	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)					