



د افغانستان اسلامي جمهوریت  
د بهرنیو چارو وزارت

Islamic Republic of Afghanistan  
MINISTRY of FOREIGN AFFAIRS

جمهوری اسلامی افغانستان  
وزارت امور خارجه

Serial No.:

## VISA APPLICATION FORM

| PERSONAL DETAILS  |  | VISA DETAILS   |  |
|---|--|--|--|
| Title:  |  | Visa Type:   |  |
| Family Name:  |  | Purpose of Journey:  |  |
| Given Names:  |  | Entry Date:  |  |
| Father's Full Name:   |  | Intended Duration of Stay (days):  |  |
| Date of Birth:  |  | Point of Entry:  |  |
| Country of Birth:   |  | Number of Children Accompanied:  |  |
| Marital Status:   |  | Places in Afghanistan Intended to Visit:   |  |
| Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female            |  | Complete Address in Afghanistan:   |  |
| Child: (Under 18 Years)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Have you ever visited Afghanistan before? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes please provide details:                             |  |
| Country of Residence:   |  | Have you applied for an Afghanistan Visa Before? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes please provide details:                      |  |
| Nationality:  |  | Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes please provide details:  |  |
| Other Nationalities:  |  | PASSPORT DETAILS:  |  |
| CONTACT DETAILS   |  | Passport Type:   |  |
| Current Address:  |  | Passport Number:   |  |
| Email Address:  |  | Place of Issue:  |  |
| Mobile:   |  | Issue Date:  |  |
| EMPLOYMENT DETAILS  |  | Expiry Date:   |  |
| Current Occupation:   |  | I declare that the information provided in this application is true and correct  |  |
| Employers' Name:  |  | Passport Photograph: (Please attach within the square Below)   |  |
| Employer's Address:   |  | <div>Please Attached Photo Here</div> <div>Guarantor must endorse the photo<br/>This is a true photo of (name of application)<br/>(signature of guarantor)</div> |  |
| Previous Employers' Name:   |  |  |  |
| Previous Employer's Address:  |  |  |  |
| Signature:<br>(please sign within the box)  |  | NOTE: THE PHOTOGRAPH MUST COMPLY WITH THE ATTACHED   |  |