



د افغانستان اسلامي جمهوریت
د بهرنیو چارو وزارت

Islamic Republic of Afghanistan
MINISTRY of FOREIGN AFFAIRS

جمهوری اسلامی افغانستان
وزارت امور خارجه

VISA APPLICATION FORM

Serial No.:

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: <input type="checkbox"/> Male <input type="checkbox"/> Female		Complete Address in Afghanistan:	
Child: (Under 18 Years) <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever visited Afghanistan before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please provide details:	
Country of Residence:		Have you applied for an Afghanistan Visa Before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please provide details:	
Nationality:		Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 This is a true photo of (name of application) (signature of guarantor)</div>	
Previous Employers' Name:			
Previous Employer's Address:			
Signature: (please sign within the box)		NOTE: THE PHOTOGRAPH MUST COMPLY WITH THE ATTACHED	