

Islamic Republic of Afghanistan Visa Application Form

Personal Details		
Title:		
Family Name:		
Given Names:		
Father's Full Name:		
Date of Birth (Gregorian): DD / MMM / YYYY		
Country of Birth:		
Marital Status: ☐ Single ☐ Engaged ☐ Marri	ed 🗆 Separated 🗅 Widow / Widower	
Gender: ☐ Female ☐ Male		
Child: (Under 18 Years) ☐ Yes ☐ No		
Country of Residence:		
Nationality:		
Other Nationalities:		
Contact Details		
Current Address:		
Email Address:		
Mobile:	Vork Tel:	
Home Tel:	ax:	
Employment Details		
Current Occupation:		
Employer's Name:		
Employer's Address:		
Previous Employer's Name:		
Previous Employer's Address:		

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Visa Details			
Visa Type:			
Purpose of Journey: Business Convention / Exhibition Visiting Friend		n □ 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? If yes, please provide details:	□ No □ `	⁄es	
n yee, predee promae delane.			
Have you applied for an Afghanistan Visa before?	□ No □ `	⁄es	
If yes, please provide details:			
Do you have a criminal record? If yes, please provide details:	□ No	/es	
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: (Ple	ease Attach Within The Square Below).	
Signature: (please sign within the box)	Note: The photograph must comply with the attached guidelines.		
		Guarantor must	
	Please	endorse the photo	
	Attach	This is a true photo of:	
	Photo (nar.	(name of applicant)	
Date: DD / MMM / YYYY		(signature of guarantor)	
		(-ighalaro or 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: □yes □ 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)		