



Islamic Republic of Afghanistan Visa Application Form

Personal Details	
Title:	
Family Name:	
Given Names:	
Father's Full Name:	
Date of Birth (Gregorian): DD / MM / YYYY	
Country of Birth:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow / Widower	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Child: (Under 18 Years) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Residence:	
Nationality:	
Other Nationalities:	
Contact Details	
Current Address:	
Email Address:	
Mobile:	Work Tel:
Home Tel:	Fax:
Employment Details	
Current Occupation:	
Employer's Name:	
Employer's Address:	
Previous Employer's Name:	
Previous Employer's Address:	

Visa Details

Visa Type:

Purpose of Journey: Business Convention / Conference Education Employment
 Exhibition Visiting Friends / Family Holiday 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:*

Have you applied for an Afghanistan Visa before?

 No Yes*If yes, please provide details:*

Do you have a criminal record?

 No Yes*If yes, please provide details:***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

Signature: *(please sign within the box)*

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Date: DD / MM / YYYY

Passport Photograph: *(Please Attach Within The Square Below).*

Note: The photograph must comply with the attached guidelines.

Please Attach Photo Here	Guarantor must endorse the photo
	This is a true photo of: ----- <i>(name of applicant)</i>
	----- <i>(signature of guarantor)</i>