

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 ☐ Ma	arried 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:	Work Tel:			
Home Tel:	Fax:			
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:						
		Convention / (Visiting Friend		☐ Education ☐ Holiday	☐ Employment☐ Other	
Entry Date:			Point of Entr	ry:		
Intended Duration of Stay	(days):		Number of C	Children Accomp	anied:	
Places in Afghanistan intended to visit:						
Complete Address in Afghanistan:						
		l No □ Yes				
If yes, please provide details:						
Have you applied for an A		before?	□ No	□ Ye	<u> </u>	
If yes, please provide details:	Ü					
Do you have a criminal red If yes, please provide details:	cord?	Γ	⊐ No	□ Ye	S	
Passport Details						
Passport Type:						
Passport Number:						
Place of Issue:						
Issue Date:						
Expiry Date:						
I declare that the informat	tion provided in	this application i	s true and co	rrect		
Signature: (please sign with	hin the box)				te Attach Within The Square Below). It comply with the attached	
					Guarantor must	
				Please	endorse the photo	
				Attach	This is a true photo of:	
				Photo Here	(name of applicant)	
Date: DD / MMM	/ YYYY				(signature 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: □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)				