



# Islamic Republic of Afghanistan Visa Application Form

<b>Personal Details</b>	
Title:	
Family Name:	
Given Names:	
Father's Full Name:	
Date of Birth (Gregorian): DD / MMM / 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:	
<b>Contact Details</b>	
Current Address:	
Email Address:	
Mobile:	Work Tel:
Home Tel:	Fax:
<b>Employment Details</b>	
Current Occupation:	
Employer's Name:	
Employer's Address:	
Previous Employer's Name:	
Previous Employer's Address:	

<b>Visa Details</b>	
Visa Type:	
Purpose of Journey: <input type="checkbox"/> Business <input type="checkbox"/> Convention / Conference <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Exhibition <input type="checkbox"/> Visiting Friends / Family <input type="checkbox"/> Holiday <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide details:</i>	
Have you applied for an Afghanistan Visa before? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide details:</i>	
Do you have a criminal record? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide details:</i>	
<b>Passport Details</b>	
Passport Type:	
Passport Number:	
Place of Issue:	
Issue Date:	
Expiry Date:	
I declare that the information provided in this application is true and correct	
<b>Signature:</b> <i>(please sign within the box)</i>  <div style="border: 1px solid black; width: 300px; height: 80px; margin: 10px auto;"></div> Date:              DD / MMM / YYYY	<b>Passport Photograph:</b> <i>(Please Attach Within The Square Below).</i> Note: The photograph must comply with the attached guidelines.  <div style="border: 1px solid black; padding: 10px; display: flex; justify-content: space-between;"> <div style="text-align: center; width: 45%;"> Please Attach Photo Here </div> <div style="width: 45%;"> <b>Guarantor must endorse the photo</b>   This is a true photo of:  -----  (name of applicant)   -----  (signature of guarantor) </div> </div>

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OFFICE USE ONLY
<b>Receiving Office:</b>
<b>Application Details:</b>
Date Application Received:
Date of Application:
Visa Type:
<b>Comments:</b>
<b>Observations:</b>
<b>Passport Details</b>
Name:
Passport Number:
Issued By:
<b>Visa Issued:</b> <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Visa Number:</b>
<b>Visa Serial Number:</b>
<b>Issued by:</b>
<b>Issuing office:</b>
<b>Date:</b>
<b>Collected by / Sent to:</b> <i>(note, if collected by someone other than the applicant, written authorisation must be provided by the applicant and retained on file)</i>