

Islamic Republic of Afghanistan Visa Application Form



Personal Details Title: Family Name: Given Name		
Family Name:		
Given Name		
Father's Full Name:		
Date of Birth (Gregorian):		
Country of Birth:		
Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Window/Widower		
Gender:		
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:		
Visa Details		

Visa Type:	
Purpose of Journey: ☐ Business ☐ Convention/co ☐ Exhibition ☐ Visiting Friend	' '
Entry Date:	Point of Entry:
Intended Duration of stay (days):	Number of children Accompanied:
Places in Afghanistan intended to visit:	
Complete Address in	
Have you ever visited Afghanistan before? □ No	□ Yes
Have you applied for an Afghanistan Visa before? ☐ No	□ Yes
Do you have a criminal record? ☐ No	□ Yes
Passport Details	
Passport Type:	
Passport Number	
Place of Issue:	
Issue Date:	
Expiry Date:	
I declare that the information provide in this application is true and correct.	
Tuectare that the information provide in this application is the	Passport Photograph: (please Attach within the Square Below).
Signature: (please sign within the box)	Note: The photograph must comply with the attached
	Guidelines
	Guarantor must
	Endorse the photo
	this is a true photo of:
	Please (name of Applicant)
Date: DD / MM /YYYY	3 5*/ 5
200. 22 / 11111	Photo size here (signature of guarantor)
	PAG