



# Islamic Republic of Afghanistan Visa Application Form



<b>Personal Details</b>	
Title:	
Family Name:	
Given Names:	
Father's Full Name:	
Date of Birth (Gregorian):                    /                    /	
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: 280px; height: 60px; margin: 10px auto;"></div> Date:        /        /	Passport Photograph: <i>(Please Attach Within The Square Below).</i> Note: The photograph must comply with the attached guidelines.  <div style="border: 1px solid black; width: 300px; height: 120px; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; width: 60%;"><i>Please Attach Photo Here</i></div> <table border="1" style="width: 40%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b><i>Guarantor must endorse the photo</i></b></td> </tr> <tr> <td style="text-align: center;"><i>This is a true photo of:</i></td> </tr> <tr> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><i>(name of applicant)</i></td> </tr> <tr> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><i>(signature of guarantor)</i></td> </tr> </table> </div>	<b><i>Guarantor must endorse the photo</i></b>	<i>This is a true photo of:</i>	_____	<i>(name of applicant)</i>	_____	<i>(signature of guarantor)</i>
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