Islamic Republic of Afghanistan
Visa Application Form

Personal Information	
Title:	
Family Name:	
Given Names:	
Father's Full Name:	
Date of Birth (Gregorian): DD/MM/YYYY	
Country of Birth:	
Level of Education	
Degree:	Specialization:
Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Widow/Widower	
Gender: ☐ Male ☐ Female	
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 Occupation:	
Previous Employer's Name:	
Previous Employer's Address:	

Visa Details	
Visa Type:	
Purpose of Visit: ☐ Business ☐ Convention/Conference ☐ Education ☐ Employment ☐ Exhibition ☐ Visiting Friends/Family ☐ Holiday ☐ Others	
Entry Date:	Point of Entry:
Intended Duration of Stay (Day):	Number of children Accompanied:
Places in Afghanistan intended to visit:	
Complete Address in Afghanistan:	
Have you ever visited Afghanistan before? ☐ Yes ☐ No *If yes, please provide details:*	
Have you applied for Afghanistan Visa before? ☐ Yes ☐ No *If yes, please provide details:*	
Do you have criminal records? ☐ Yes ☐ No *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)* Date: DD/MM/YYYY	Passport Photograph: *(please attach within the square bellow.)* Please attach photo here Guarantor must endorse the photo. This is a true photo of: _____

Islamic Republic of Afghanistan
Visa Application Form

HEALTH QUESTIONAIRE			
Have you ever had or are you under treatment for any of the following communicable diseases?			
☐ Yes ☐ No (if Yes, please indicate.)			
☐ Ebola	☐ Intro virus D68	☐ Flu	☐ Hanta Virus
☐ HIV/AIDS	☐ Measles	☐ MRSA Pertusis	☐ Rabies
☐ STD	☐ TB	☐ West Nile Virus	
Declaration:			
I, hereby, solemnly declare that all the information provided above are true and correct to the best of my knowledge.			
Date: DD/MM/YYYY		**Signature:**_____	

OFFICE USE ONLY	
Receiving Office:	
Application Details:	
Date of Application Received: DD/MM/YYYY	
Date of Application: DD/MM/YYYY	Visa Type:
Comments:	
Observations:	
Passport Details:	
Name:	Passport Number:
Visa Serial Number:	Issue By:
Issuing Office:	Date: DD/MM/YYYY
Collected by/Send to: (Note: if collected by someone other than the applicant, written authorization must be provided by the applicant and retained on file.)	