



Islamic Republic of Afghanistan Visa Application Form

Embassy of the I.R. of Afghanistan - Stockholm

| | |
|---|-----------|
| Personal Details | |
| 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: | |
| 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: <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> | | | |
| | | | |
| 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: <i>(please sign within the box)</i> <div style="border: 1px solid black; height: 70px; width: 100%;"></div> Date: DD / MMM / YYYY | Passport Photograph: <i>(Please Attach Within The Square Below).</i> Note: The photograph must comply with the attached guidelines. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: middle;"> Please Attach Photo Here </td> <td style="width: 50%; padding: 5px;"> Guarantor must endorse the photo This is a true photo of: ----- (name of applicant) ----- (signature of guarantor) </td> </tr> </table> | Please Attach Photo Here | Guarantor must endorse the photo This is a true photo of: ----- (name of applicant) ----- (signature of guarantor) |
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Islamic Republic of Afghanistan Visa Application Form

| 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: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Visa Number: |
| Visa Serial Number: |
| |
| Issued by: |
| Issuing office: |
| |
| Date: |
| Collected by / Sent to: <i>(note, if collected by someone other than the applicant, written authorisation must be provided by the applicant and retained on file)</i> |
| |