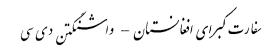
د افغانستهان لوی سفارت - واستشبکتن دی سی





ATTACH PHOTO HERE

EMBASSY OF AFGHANISTAN Washington, DC

VISA APPLICATION

2000 L Street, N.W. Suite 200

Washington, D.C. 20036

Tel: 202-416-1620 Fax: 202-416-1630

1. LAST NAME:	DATE://
2. FIRST NAME (FIRST, MIDDLE):	3. DAYTIME PHONE:
4. DATE OF BIRTH (MONTH/DAY/YEAR):	5. PLACE OF BIRTH (CITY/COUNTRY):
6. COUNTRY OF CITIZENSHIP:	7. GENDER:
8. PASSPORT NO.:	9. PLACE OF ISSUE:
10. DATE OF ISSUE:	11. EXPIRATION DATE:
12. PRESENT ADDRESS: STREET	
CITYSTATE _	ZIPTEL:
13. PURPOSE OF VISIT (PLEASE EXPLAIN):	
14 DATE OF ENTRY	15. POINT OF ENTRY
16. DURATION OF STAY:	
17. HAVE YOU VISITED AFGHANISTAN BEFORE? IF YES, PLEASE INCLUDE DATES, PURPOSE AND DURATION OF EACH VISIT. □ YES □ NO	
18. PLACES IN AFGHANISTAN YOU INTEND TO VISIT:	
19. PROFESSION / OCCUPATION: NAME AND ADDRESS OF EMPLOYER:	
20. ADDRESS IN AFGHANISTAN:	
SIGNATURE:	DATE:/