

د افغانستان لوی څارنځ - واشنگټن ډی سی



څارنځ کبرای افغانستان - واشنگټن ډی سی

ATTACH
PHOTO
HERE

EMBASSY OF AFGHANISTAN
Washington, DC

2000 L Street, N.W.
Suite 200
Washington, D.C. 20036
Tel: 202-416-1620
Fax: 202-416-1630

VISA APPLICATION

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: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
8. PASSPORT NO.:	9. PLACE OF ISSUE:	
10. DATE OF ISSUE:	11. EXPIRATION DATE:	
12. PRESENT ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____ TEL: _____		
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. <input type="checkbox"/> YES <input type="checkbox"/> NO		
18. PLACES IN AFGHANISTAN YOU INTEND TO VISIT:		
19. PROFESSION / OCCUPATION: NAME AND ADDRESS OF EMPLOYER:		
20. ADDRESS IN AFGHANISTAN:		
SIGNATURE: _____		DATE: ___/___/___