

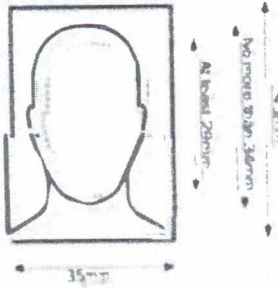


سفارت و نمایندگی
جمهوری اسلامی افغانستان
روم - ایتالیا

EMBASSY & MISSION of
THE ISLAMIC REPUBLIC of AFGHANISTAN
Rome - Italy

د افغانستان اسلامي جمهوریت
سفارت او نمایندگی
روم - ایتالیا

VISA APPLICATION FORM

PERSONAL DETAILS:	VISA DETAILS:
Title: _____ Date: (dd/mm/yyyy)	Visa Type:
Family Name: _____	Purpose of Journey: <input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Event <input type="checkbox"/> Employment <input type="checkbox"/> Visit Friend <input type="checkbox"/> Family <input type="checkbox"/> Holiday <input type="checkbox"/> Other:
Given Names: _____	Entry Date: (dd/mm/yyyy)
Father's Full Name: _____	Intended Duration of Stay (days): _____
Date of Birth: (dd/mm/yyyy)	Point of Entry: _____
Country of Birth: _____	Number of Children Accompanied: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	Places in Afghanistan Intended to Visit: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Complete Address in Afghanistan: _____
Child: (under 18 years) <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever visited Afghanistan before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____
Country of Residence: _____	Have you applied for an Afghan visa before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____
Nationality: _____	Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____
Other Nationalities: _____	
CONTACT DETAILS:	PASSPORT DETAILS:
Current Address: _____	Passport Type: _____
Email Address: _____	Passport Number: _____
Mobile: _____	Place of Issue: _____
EMPLOYMENT DETAILS:	Issue Date: (dd/mm/yyyy)
Current Occupation: _____	Expiry Date: (dd/mm/yyyy)
Employers' Name: _____	I declare that the information provided in this application form is true and correct to the best of my knowledge.
Employer's Address: _____	One recent passport-size photo conforming to following requirements:
Previous Employers' Name: _____	
Previous Employer's Address: _____	
Signature: _____ (please sign within the box)	<ul style="list-style-type: none"> Printed in color with WHITE BACKGROUND; On matte or glossy photo-quality paper; With a size of 45 x 35 mm; The head shall be between 25 and 35 mm from the bottom of the chin to the top of the head; Since the background of your photo is in white, try not to have white cloths and not cover the head with white cloth/scarf; Taken within the last 6 months to reflect your current appearance; Taken in full-face view directly facing the camera; With a neutral facial expression and both



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Consent Form

I, _____ son of _____ hereby
consent to the rules and regulations of the Embassy of the Islamic Republic of
Afghanistan in Rome, and declare my agreement that the Embassy reserves the
right to request additional documents as deemed necessary, and the right to
accept or reject any consular related applications including Passport, Visa,
Legal Services and etc.

Date:

Signature: