



Embassy of Afghanistan

VISA APPLICATION

Washington, D.C.

Form EOA-VA

Last Name	Date
First Name (First, Middle)	Daytime Phone
Date of Birth (Month/Day/Year)	Place of Birth
Country of Citizenship	Gender
Passport No.	Place of Issue:
Date of Issue:	Expiration Date:



ADDRESS INFORMATION

Present Address (Street or Rural Route) City or Post Office (State) (Zip Code)

Telephone (Home)

(Work)

REASON FOR VISIT

Please Explain:

Date of Entry

Point of Entry

Duration of Stay

Have you visited Afghanistan before? YES NO

If Yes. Please include all dates of visit, purpose and duration of each visit.

From: _____ To: _____ From: _____ To: _____

Places in Afghanistan you intend to visit:

Profession / Occupation:

Name and Address of Employer:

Address in Afghanistan:

Embassy of Afghanistan
Consulate Section
2233 Wisconsin Ave., N.W.
Suite 216
Washington, D.C. 20007

Tel: (202) 298-9125
Fax: (202) 298-9126

Signature

Date / /

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