

د افغانستان لوی سفارت - واشنگتن ډی سی



سفارت کرای افغانستان واشنگتن ډی سی

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,  
2341 Wyoming Ave., N.W.  
Washington, D.C. 20008  
Tel: (202) 483-6410  
Fax: (202) 483-6487

Signature

Date / /

Form EOA-VA