

ADDITIONAL FORM TO BE FILLED UP IN <u>BLOCK LETTERS</u> BY FOREIGN NATIONALS IN AFGHANISTAN, ALONG WITH VISA APPLICATION FORM

Satellite Phone : 00873-763-095-560, Fax : 00873-763-095-561

MEA phone No. 011-2301- 4531- ext 2501 Fax : 011-2301- 4531 - ext 2501 ext 43

Email > cons@indembassy-kabul.com

FAX MESSAGE

KAB/CONS/407/07/10

1	NAME IN FULL	
2	NAME OF FATHER / SPOUSE	
3	NATIONALITY	
4	PLACE AND DATE OF BIRTH	
5	OCCUPATION	
6	PASSPORT NO.	
7	PLACE OF ISSUE	
8	DATE OF ISSUE & DATE OF EXPIRY	
9	PURPOSE OF VISIT	
10	PERMANENT ADDRESS IN THE COUNTRY OF APPLICANT WITH TELEPHONE NO	
11	CURRENT ADDRESS AND TELEPHONE NO	
12	SIGNATURE OF APPLICANT	

12	SIGNATURE OF APPLICANT	
For	warded to Indembassy / Hicor	nind / Congendia
With	n request to confirm particulars an	d communicate objection, if any, to the grant of visa to the
арр	licant. Cost covered. If no reply	is received within 72 hours visa will be issued as per
Gov	ernment instructions.	
DA.	TE:	SECOND SECRETARY

ATTACHE (CONS)