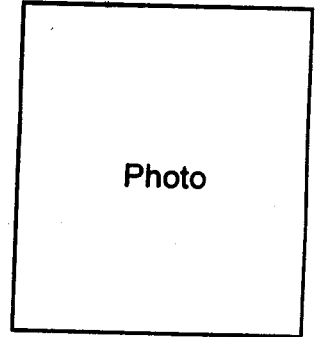


Embassy
of the Transitional Islamic State of Afghanistan
(New Delhi)

سفارتکبرای
دولت انتقالی اسلامی افغانستان
(دهلی جدید)

Serial No.



Mr/Mrs /Miss _____
(Family Name) (First Name)

Place of Birth _____ Date of Birth _____ Nationality _____

Permanent Address _____ Tel _____

Occupation _____

Business Address _____

Passport No. Official/ Regular/Diplomatic _____

Issued at _____ On _____

Purpose of Journey _____

Immediate destination after Afghanistan _____
(Name of the Country)

Approximate Date of Arrival in Afghanistan _____

Duration of stay _____ If previous visit made to Afghanistan, give date

Places you intend to visit in Afghanistan _____ Accompanied by _____

Mean of Travel **Air/Road**

Amount of Foreign Currency. **Cash/Traveller Cheque**

Date _____

Signature _____