



# SERVICE ORDER FORM

1-866-538-5645

(604) 443-5076

[www.embassylink.ca](http://www.embassylink.ca)

Applicant's Full Name: \_\_\_\_\_

Ordered by: \_\_\_\_\_ Best contact details: \_\_\_\_\_

I was referred by: \_\_\_\_\_

Date of DEPARTURE from Canada: \_\_\_\_\_

Full Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: C: ( \_\_\_\_ ) \_\_\_\_\_ W: ( \_\_\_\_ ) \_\_\_\_\_ H: ( \_\_\_\_ ) \_\_\_\_\_

	COUNTRY	# of ENTRIES	LENGTH OF STAY	TOURISM or BUSINESS	SERVICE in DAYS*
1.					
2.					
3.					
4.					

\*Using the information from our website, please clearly indicate your desired level of service.

### Returning the passport:

- Personal Collection
- Local Courier Vancouver (\$10-\$30)
- Overnight Courier BC (\$20-\$40)
- Overnight Courier Canada (\$25-\$50)
- Own Courier service: \_\_\_\_\_

Courier Delivery Address (if different from above):

\_\_\_\_\_

\_\_\_\_\_

**TOTAL CHARGES:** Add visa charges and applicable courier fees: \$ \_\_\_\_\_.

Payment: Credit Card	Payment: Cheque
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <b>Card Number:</b> _____ <b>Expiry Date:</b> mm ____ / ____ yy <b>Name on card:</b> _____	<b>Cheques made payable to Embassylink Ltd.</b> Please contact us to confirm the amount if you have not been given a quote.

I acknowledge that I have read and understood the disclaimer, terms and conditions and privacy policy and hereby authorize EmbassyLink Ltd. to charge my credit card as listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Islamic Republic of Afghanistan Visa Application Form

<b>Personal Details</b>	
Title:	
Family Name:	
Given Names:	
Father's Full Name:	
Date of Birth (Gregorian): DD / MMM / YYYY	
Country of Birth:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow / Widower	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Child: (Under 18 Years) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Residence:	
Nationality:	
Other Nationalities:	
<b>Contact Details</b>	
Current Address:	
Email Address:	
Mobile:	Work Tel:
Home Tel:	Fax:
<b>Employment Details</b>	
Current Occupation:	
Employer's Name:	
Employer's Address:	
Previous Employer's Name:	
Previous Employer's Address:	



# Islamic Republic of Afghanistan Visa Application Form

OFFICE USE ONLY
<b>Receiving Office:</b>
<b>Application Details:</b>
Date Application Received:
Date of Application:
Visa Type:
<b>Comments:</b>
<b>Observations:</b>
<b>Passport Details</b>
Name:
Passport Number:
Issued By:
<b>Visa Issued:</b> <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Visa Number:</b>
<b>Visa Serial Number:</b>
<b>Issued by:</b>
<b>Issuing office:</b>
<b>Date:</b>
<b>Collected by / Sent to:</b> <i>(note, if collected by someone other than the applicant, written authorisation must be provided by the applicant and retained on file)</i>