



دافغانستان اسلا می جمهوریت لوی سفارت و اشنگتن دی سی

Embassy of Afghanistan Washington, D.C.

Application For Passport Extention Form EOA-PE

Request for extension of the validity of passport for a period of:						
		\Box 5 years \Box 4 years	\square 3 years	\square 2 years	□ 1 year	
Name (First)	(Middle)		وليكي (Last)	لىتو او درى ھم	لطفاً خپل نوم په پ	
Father's Name			<u> </u>			
Applicant's Date of Birth		Place of Birth				
Present Address (Street or Rural Route)	(City or Pos	t Office)		(State)	(Zip Code)	
Telephone (Home) Nos.	(Work)		(Mobile/Ce	llular)		

PASSPORT INFORMATION

Passport Number	Type of Passport	General Number
Special Number	Date of Issue	Place of Issue
Validity of Passport Last Ex	tended Until:	
Note: If applying by mail or through a representative, please notarize your application. Applications sent by mail should also include a pre-paid, self-addressed, and trackable return envelope.		FOR OFFICIAL USE ONLY Extension No. Date of Issue Gregorian Hijri Shamsi Period of Extension
Signature D		Date
Embassy of Afghanistan 2341 Wyoming Ave., N.W. Washington, D.C. 20008		

Washington, D.C. 200 Tel.: (202) 483-6410 Fax: (202) 483-6487