

Foreign Ministry of the Islamic Republic of Afghanistan

Embassy of Afghanistan – Ottawa

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Identity Guarantee Form

1. Introduction of the Applicant	
Title:	Surname:
Given Name(s):	Previous Name(s):
Date of Birth: DD-MM-YYYY	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Father's Name:	Nationality:
2. Current Address and Contact Information	
Country:	Province/City:
Home Address:	
Postal Code:	Mobile Phone:
Office Phone:	Home Phone:
Email Address:	
3. Employment Details:	
Current/Recent Employment:	
Previous Employment:	
4. Passport Details:	
Passport Type:	Passport Number:
Date of Issue/Extension:	Date of Expiry:
Have you enclosed a copy of your passport with this form? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Relation with the Applicant	
Do you have any family relation with the applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO	
(If YES, please provide the following information.)	
What is your relationship?	
If NO family relationship, how do you know the applicant? (Please explain.)	
6. Photo, Declaration and Signature	
<p>I, _____, solemnly declare that the statements and information I have provided on this form are correct to the best of my knowledge.</p> <p>Signature: _____ Date: YYYY-MM-DD</p>	
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>PLEASE AFFIX ONE STANDARD PASSPORT SIZE PHOTO</p> </div>	
7. Opinion of the Consular Officer (for official use only)	