

EMBASSY OF PAKISTAN

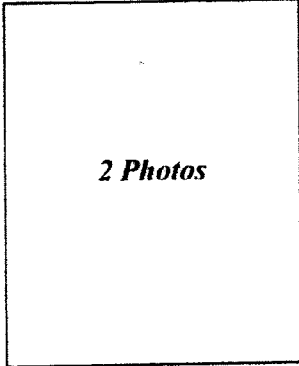
Via della Camilluccia 682

00135 Rome

VISA APPLICATION FORM

(Please use block letters)

FOR OFFICIAL USE ONLY



Receipt No. _____

Receipt Date _____

Delivery Date _____

Fee _____

Visa No. _____

Visa Type _____

Issue Date _____

Validity _____

No. Entries _____

1. SURNAME _____ 2. FIRST NAME _____ 3. MIDDLE NAME _____

4. SEX _____ 5. MARITAL STATUS _____ 6. NATIONALITY _____

7. DATE OF BIRTH _____ / _____ / _____ 8. PLACE OF BIRTH _____

9. COLOR OF EYES _____ 10. COLOR OF HAIR _____

11. HEIGHT _____ 12. IDENTIFICATION MARK _____

13. PROFESSION _____

14. FATHER'S/HUSBAND'S NAME _____

15. FATHER'S/HUSBAND'S NATIONALITY _____

16. RESIDENCE ADDRESS _____

HOUSE/APARTMENT NO _____ STREET _____

CITY _____ POSTAL CODE _____

COUNTRY _____ TEL/FAX NO. _____

17. PASSPORT/TRAVEL DOCUMENT TYPE _____

NUMBER _____ DATE OF ISSUE _____

PLACE OF ISSUE _____ DATE OF EXPIRY _____

18. VISA REQUIRED FOR THE PERIOD:

FROM ____/____/____ TO ____/____/____

19. TYPE OF VISA;

SINGLE _____ DOUBLE _____ MULTIPLE _____

20. REASON FOR TRAVELLING TO PAKISTAN;

BUSINESS _____ TOURISM _____ FAMILY VISIT _____

OTHERS _____

21. PORT OF ENTRY IN PAKISTAN _____

22. NAME AND ADDRESS OF CONTACT PERSON THAT WILL PROVED INFORMATION REGARDING THE APPLICANT;

IN THE COUNTRY OF APPLICANT _____

IN PAKISTAN _____

23. HAVE YOU EVER VISITED PAKISTAN BEFORE? _____

24. DATE(s) OF ANY EARLIER VISIT TO PAKISTAN? _____

25. HAS PERMISSION TO GO TO PAKISTAN EVER BEEN REFUSED? _____

IF YES, PLEASE GIVE DETAILS _____

I declare that above statements are true and that I intend to go to Pakistan only for the above mentioned purpose and duration.

SIGNATURE _____

DATE ____/____/____