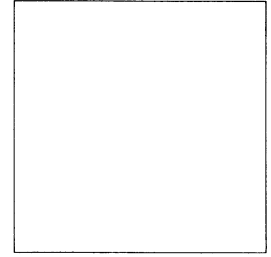


**Embassy of the
Islamic Republic of Iran**

1002 Schoeman Street, Hatfield
PO Box 12546, Hatfield, 0028
Tel: (012) 342-5880/1
Fax: (012) 342-1878



سفارت جمهوری اسلامی ایران



REFERENCE NO:

VISA NO:

DATE OF ISSUE:

APPLICATION FOR ENTRY VISA

PERSONAL DETAILS

1. First Name: _____
2. Surname: _____
3. Former Name: _____
4. Father's Name: _____
5. Date of Birth: _____
6. Place of Birth: _____
7. Marital Status: Married Single
(if Married) Name of Spouse: _____

PASSPORT DETAILS

8. No: _____
9. Type: _____
10. Date of Issue: _____
11. Date of Expiry: _____
12. Place of Issue: _____
13. Nationality a. Present _____ b. Previous _____

EMPLOYMENT AND CONTACT DETAILS

14. Occupation: _____
15. Employer: _____
16. Work Address: _____
17. Work Telephone No: _____
18. Home Address: _____
19. Home Telephone No: _____

DETAILS OF STAY IN IRAN

20. Category of Visa requested: (place X in appropriate box)

- a. Transit Tourist Pilgrimage Business Work Permit
- b. Single Double Multiple

21. Contact details in Iran (name, address and telephone no. in Iran of persons and organisations you intend to meet or stay with)

22. Purpose of trip to the Islamic Republic of Iran: _____

23. How long do you plan to stay in Iran: _____

24. Approximate date of entry: _____

25. Border of entry: _____

26. Who covers your expenses while staying in Iran? _____

27. How much money will you be carrying with you? _____

28. Have you ever been to Iran before? Yes No
(if Yes to above) which cities and dates of visit: _____

29. Has your Visa application ever been rejected? Yes No
(if Yes) where and when was application made? _____

30. If in transit in Iran, do you have Visa for next destination? Yes No

31. Write the name and relationship of person travelling with you on your passport

.....
I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERTAKE TO OBSERVE ALL LAWS AND REGULATIONS APPLICABLE TO FOREIGN NATIONALS.

SIGNATURE: _____ DATE: _____