بسمه تعالى

دفتر حفاظت منافع جمهوری اسلامی ایران – واشنگتن دی سی EMBASSY OF PAKISTAN INTERESTS SECTION OF THE ISLAMIC REPUBLIC OF IRAN 2209 WISCONSIN AVENUE N.W., WASHINGTON, DC 20007, TEL: (202) 965-4990-4, FAX: (202) 965-1073 WWW.DAFTAR.ORG, E-MAIL ADDRESS: INFO@DAFTAR.ORG

Visa Application for Reporters & Media Representatives PLEASE CLIP Office use only:

YOUR PICTURE HERE.	<u>Office use only:</u> Visa Number:	
DO NOT GLUE OR STAPLE	Length of stay:	
THE PICTURE. PUT YOUR NAME	Date of Issue:	
ON THE BACK OF THE PICTURE.	Authorization:	
Last name:	First Nam	ne: Middle Name:
Date & Place of Birth:		Father's Name:
Passport No:	Date of issue:	Expiration Date:
_	ried, Divorced	Name of Spouse:
Present Nationality:	Former Nationality	
	· · · · · · · · · · · · · · · · · ·	
Occupation:		Employer's Name:
Position:		How long have you been employed:
Former Employer and I	Length of Employment:	
Business address (not P Street: City:	P.O.Box) : State: ZipCode:	Tel: ()
Mailing address (not P. Street: City:	O.Box): State: ZipCode:	Tel: ()
What languages do you	speak.	
Number of times you have traveled to Iran: Dates of Travel:		
Purpose of Travel:		
Where are you currently	y stationed?	
Preferred location for th	ne issuance of visa?	
Tentative date of Travel: Length of stay:		Length of stay:
	loyer's Media record(only for companies ed for first time travelers)	that are dispatching a representative for the first time. <u>Also you</u>
I undertake to observe, above information is true		e laws and regulations applicable to foreign nationals and I declare the
Applicant's Signature:		Date:
-		cation and receive your media I.D. Card: udance, Tehran, Tel: 8875-1754 -6

REV.(02-26-2014)