



Block A2, I Parioli Office Park,
1166, Park Street, Hatfield (0028)
P.O.Box 12546, Code: (0083)
Tel: (012) 342 58 80 / 1
Email: consular@iranembassy.org.za

Reference No:

Visa No:

Date of issue:

APPLICATION FOR ENTRY VISA

PERSONAL DETAILS

1. First name:
2. Middle name:
3. Surname:
4. Former name:
5. Father's name:
6. Date of birth:
7. Place of birth:
8. Marital status: Married ☐ Single ☐
- (If married) Name of spouse:

PASSPORT DETAILS

9. Passport number:
10. Passport type:
11. Date of issue:
12. Date of expiry:
13. Place of issue:
14. Nationality: a. Present: b. Previous:

EMPLOYMENT AND CONTACT DETAILS

15. Occupation:
16. Employer:
17. Work address:
18. Work telephone No.:
19. Home address:
20. Home telephone No.:



DETAILS OF STAY IN IRAN

21. Category of visa requested: (Place X in appropriate box)

a.

Transit ☐ Tourist ☐ Pilgrimage ☐ Business ☐ Work Permit ☐

b.

Single ☐ Double ☐ Multiple ☐

22. Contact details in IRAN (name, address, and telephone no. in IRAN of persons and organisations you intent to meet or stay with)

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23. Purpose of trip to Islamic Republic of IRAN:

24. How long is your plan to stay in IRAN:

25. Approximate date of entry:

26. Border of entry:

27. Who covers your expenses while staying in IRAN?

28. How much money will you be carrying with you?

29. Have you ever been to IRAN before? Yes ☐ No ☐

(If yes to above) Which cities and dates of visit:

30. Has your visa application ever been rejected? Yes ☐ No ☐

(If yes) Where and when was application made?

31. If in transit in IRAN, do you have visa for next destination? Yes ☐ No ☐

32. Write the name and relationship of person traveling with you on your passport:

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

Signature: Date: