



سفارت جمهوری اسلامی افغانستان
کنبرا - آسترالیا

EMBASSY of THE ISLAMIC REPUBLIC
of AFGHANISTAN
Canberra - Australia

د افغانستان اسلامي جمهوریت سفارت
کنبرا - آسترالیا

Drivers Licence Verification Form

Applicant Details

First name: _____ Surname: _____
Fathers name: _____ Grandfathers name: _____
Date of Birth: _____ Place of Birth: _____

Afghan Driver Licence Details

Driver licence No: _____ Type of Licence: _____
Date of Issue: _____ Date of Expiry: _____
Place of Issue: _____

Address & Contact Details

Street Address: _____ Suburb: _____ State: _____
Post Code: _____ Mobile: _____ Home: _____
Email: _____

Signature

Signature: _____ Date: _____