Embassy of the United States of America
Consular Section
P. O. Box 4009
Abu Dhabi, U.A.E.
TEL: 971-2-4436691
FAX: 971-2-4435785

PLEASE COMPLETE AND RETURN WITH FORM OF-230(I)

TO BE COMPLETED BY EACH IMMIGRANT VISA APPLICANT BETWEEN THE AGE OF 18 AND 60

FULL NAME : _____
(AS PER PASSPORT) (LAST) (FIRST) (MIDDLE)

_____ _____
DATE OF BIRTH PLACE OF BIRTH

_____ _____ _____
PASSPORT NUMBER DATE OF ISSUE DATE OF EXPIRY

CURRENT EMPLOYER'S NAME AND ADDRESS:

_____
_____
_____
_____

IS YOUR EMPLOYMENT AFFLIATED
TO THE GOVERNMENT OF IRAN : YES / NO

JOB TITLE : _____

PREVIOUS TRAVEL DATES TO THE U.S.

FROM	TO	PLACE VISITED	VISA TYPE

NAME AND ADDRESS OF PERSON WITH
WHOM YOU WILL RESIDE IN THE U.S.

_____
_____
_____
_____

PORT OF ENTRY IN THE U.S.:_____

EXPECTED ARRIVAL DATE : _____

ABU DHABI, UNITED ARAB EMIRATES

PLEASE SEND US A COPY OF YOUR PASSPORT PAGE/S THAT SHOW YOUR NAME, DATE AND PLACE OF BIRTH, INCLUDING ANY AMENDMENTS AND/OR CHANGES TO THIS INFORMATION.

COPIES OF ANY OTHER PAGES OF YOUR PASSPORT ARE UNNECESSARY.

لطفا رونوشتی از صفحه مشخصات گذرنامه خود را و همچنین رونوشتی از تصحیح مشخصات در صفحه بعدی، چنانچه موجود میباشد، ارسال دارید.

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