

## Mail in Application Form

Print and complete all three (3) pages of this  
and mail it with photographs and payment to:

ALIF P.O Box 6327, Columbia, MD, 21045, USA

### Important Notice

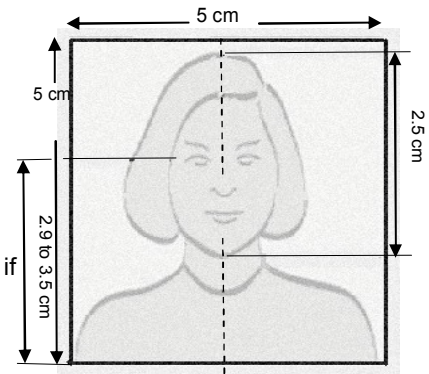
**No fee is charged by the U.S. Government for the electronic lottery entry in the annual DV program.** The U.S. Government employs no outside consultants or private services to operate the DV program. Use of a **private** or any outside **intermediary** or **assistance** to prepare the Green Card electronic E-DV entry **is entirely at the entrant's discretion**. However, receipt of more than one entry per person will disqualify the person from registration, regardless of the source of the entry.

- If you have access to a computer on the network, you can apply to the U.S DV program free of charge at the U.S Department of State official website.
- For those who **don't have access** to a **computer on the internet**, are **confused** by the eligibility **conditions**, **photograph specifications** or **just don't have time, for a reasonable fee**, **ALIF** can give you peace of mind for an expert completion and a timely submission of your application. The fees listed below are for services **ALIF** provides you with:
  - Individualized and timely assistance during the application process
  - Expert completion of the green card application
  - Expert preparation of qualified digital photographs
  - Timely submission to the U.S Department of State website in due time
  - Timely Information by e-mail, phone or fax
  - And much more ...

### Photo Requirements

**Content:** The image must contain the full face, neck, and the shoulders of the applicant in frontal view with a neutral, non smiling expression and with eyes open and directed at the camera

- The image must not contain any parts of the body below the applicant's shoulders.
- The image must not include other objects or additional people.
- Applicant must be vertically oriented in the image.
- Photos of applicants wearing **head coverings** or hats are only acceptable if the head covering is worn for **religious beliefs**; **and even then**, the head covering **may not obscure any portion** of the face of the applicant.
- **Recent** (within 6 months) **Color** Photographs in **24-bit** color depth are required.



### Photos Submissions

**Your application may be disqualified if your photos do not meet the simple but strict photos requirements.**  
**We will tailor your photos to meet submission requirements.**

- PHOTOS CAN BE SCANNED (600 PIXELS HIGH X 600 PIXELS WIDE) AND E-MAILED TO: **photo@myalif.com**
- FILES CONTAINING PHOTOS SHOULD HAVE BOTH LAST AND FIRST NAMES AS PART OF THE FILENAME (E.G., LastName\_Firstname.jpeg)

**OR**

- MAILED IN POSTAGE PREPAID ENVELOPE TO: **ALIF P.O Box 6327, COLUMBIA, MD, 21045, USA.**
- PHOTOS MUST HAVE THE NAME OF THE APPLICANT ON THE BACKSIDE.

## US - DV LOTTERY PROGRAM (GREEN CARD) APPLICATION FORM

**PART ONE – ENTRANT INFORMATION**

<b>FAMILY NAME</b> _____	<b>FIRST NAME</b> _____	<b>MIDDLE NAME</b> _____
<b>1. DATE AND PLACE OF BIRTH:</b>		
<b>DATE (DAY- MONTH-YEAR)</b> _____	<b>2. GENDER:</b>	
<b>PLACE (CITY, STATE, COUNTRY)</b> _____	<input type="checkbox"/> <b>MALE</b>	
	<input type="checkbox"/> <b>FEMALE</b>	
<b>3. COUNTRY OF ELIGIBILITY:</b>		
_____	YOUR COUNTRY OF ELIGIBILITY IS NORMALLY THE SAME AS YOUR COUNTRY OF BIRTH. IF YOU ARE BORN IN A COUNTRY THAT IS NOT ELIGIBLE FOR DV PROGRAM, PLEASE SEND AN E-MAIL TO <a href="mailto:INFO@MYALIF.COM">INFO@MYALIF.COM</a> FOR ASSISTANCE	
<b>4. COUNTRY WHERE YOU LIVE TODAY:</b>		
_____		
<b>5. MARITAL STATUS:</b>		
<input type="checkbox"/> <b>UNMARRIED</b> <input type="checkbox"/> <b>MARRIED</b> <input type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/> <b>WIDOWED</b> <input type="checkbox"/> <b>LEGALLY SEPARATED</b>		
<b>6. EDUCATION:</b>		
<input type="checkbox"/> I HAVE SUCCESSFULLY COMPLETED a 12-year course of elementary and secondary education [12 <sup>TH</sup> GRADE], OR HIGHER		
OR		
<input type="checkbox"/> I HAVE TWO years of work experience, within the past five years, in an occupation requiring at least two years of training to perform.		
<b>7. PERSONAL CONTACTS: MAILING ADDRESS:</b>		
<b>NAME</b> ▶	_____	
<b>ADDRESS (LIGNE 1)</b> ▶	_____	
<b>ADDRESS (LIGNE 2)</b> ▶	_____	
<b>CITY/TOWN</b> _____	<b>ZIP CODE</b> _____	
<b>STATE/PROVINCE</b> _____	<b>COUNTRY</b> _____	
<b>TELEPHONE AND FAX NUMBER:</b>		<b>EMAIL ADDRESS</b>
<b>PHONE</b> _____	_____	
<b>FAX</b> _____	_____	

**PART TWO- SPOUSE INFORMATION**

8. SPOUSE NAME :		
<b>FAMILY NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>
9. DATE AND PLACE OF BIRTH:		
<b>DATE (DAY- MONTH-YEAR)</b>		
<b>PLACE (CITY, STATE, COUNTRY)</b>		

**PART THREE - UNMARRIED CHILDREN UNDER 21 YEARS OF AGE (IF ANY)**

CHILD #	FULL NAME	BIRTH (DD-MM-YYYY)	PLACE (CITY, STATE, COUNTRY)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**NOTE:** IF THERE IS MORE THAN 10 CHILDREN IN YOUR APPLICATION, COPY THIS SHEET AND CONTINUE.

**PAYMENT METHOD**

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SELECT APPLICATION OPTION

<input type="checkbox"/> \$ 40 1 Year	<input type="checkbox"/> \$ 70 2 Years	<input type="checkbox"/> \$ 90 3 Years	<input type="checkbox"/> \$ 110 4 Years	<input type="checkbox"/> \$ 135 5 Years
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SELECT PAYMENT OPTIONS (ALL PAYMENTS MUST BE MADE TO: ALIF, LLC)

<input type="checkbox"/> TRAVELERS CHECK
<input type="checkbox"/> CHECK FROM U.S. BANK
<input type="checkbox"/> WESTERN UNION (TRANSFER FUNDS TO: ALIF, BANK OF AMERICA, SWIFT CODE : BOFAUS3N, # 446016029901)
<input type="checkbox"/> CREDIT CARD
<input type="checkbox"/> PAYPAL
<input type="checkbox"/> OTHERS <sup>1</sup>

CREDIT CARD TYPE

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NAME ON CREDIT CARD

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CREDIT CARD NUMBER

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EXPIRATION DATE

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(MM) / (YYYY)

Mail complete application with photographs and payment to:

ALIF, P.O Box 6327, Columbia, MD, 21045, USA

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<sup>1</sup> Please e-mail us at [payment@myalif.com](mailto:payment@myalif.com) for other arrangements.

P.S: Applications will not be processed until payment is received.

ATTACH PHOTOGRAPHS OF YOU, YOUR SPOUSE AND ALL YOUR CHILDREN (IF APPLICABLE) WRITING THE NAMES ON THE BACKSIDE OF THE PHOTOGRAPH.