# EXHIBIT 9

U.S. Embassy Baghdad: Iraqi Young Leaders Exchange Program

# **Guidelines for Completing the DS 160 Non Immigrant Visa Application**

#### **General Information**

- The DS-160 is an online form that must be completed prior to scheduling a visa interview.
- The application must be completed in English.
- A page-by-page summary of the DS-160 questions is provided below. Before you fill out the online form, make sure you have all the necessary information needed to complete the form. For IYLEP visa applications, there is specific information that needs to be included in the DS-160. This information is provided below (in BLUE text) next to the corresponding fields. Please follow these directions when completing your DS-160.
- Complete all fields. Except for those marked "optional", all fields are required information. If there is a field that does not apply to you, you may check the box "Does Not Apply" when it is an option. You will not be able to move to the next page until you have completed the required fields.

## **Record Your Application ID!**

If there is no activity for 20 minutes or more in the process of completing the online application, your session will expire. You will have the ability to retrieve your application if you encounter a time-out, system error, or if you wish to complete your application at a later time with your Application ID.

**IMPORTANT!** Record the Application ID displayed on the top right-hand corner (circled in yellow below) as soon as you begin the application process! You must have the Application ID and the answer to the security question that you select on the first page to retrieve your application. It is very common for applicants to encounter at least one time-out or system error while completing the DS-160.



Your application will be automatically saved each time you click the "Next" button. You will be able to retrieve your unsubmitted application for the next 30 days. To complete your application after 30 days, you can permanently save the application to a disk or to your hard drive. Click the "Save" button at the bottom of the last page you have completed and follow the instructions to save the application data to a file.

When you have finished and submitted your DS 160 form, save and print the confirmation page. You will need to submit it with the rest of the documents required for visa interview.

## **Getting Started**

Access the DS-160 at https://ceac.state.gov/genniv/

- Step 1. Click "Start Application"
- Location where you will be submitting your application: Select BAGHDAD, IRAQ
- Click the button below to test your photo: This is optional—you can move directly to Step 2
- Step 2. Select "Start a New Application"

# 1. Personal Information

Note: Personal Information MUST match passport!

**◆ Back: Personal** 

| Surnames   | Include all names listed in passport   |
|--|--|
| Given names  | Include all names listed in passport   |
| Full Name in Native Alphabet   | Type your name in Arabic, if you are unable to type in your name in Arabic, check the "Does Not Apply" box |
| Have you ever used other names (i.e., maiden, religious, professional, alias, etc.)? |  |
| If YES, provide other names used   |  |
| Sex  |  |
| Marital Status   |  |
| Date of birth  |  |
| City of Birth  |  |
| State/ Province of Birth   |  |
| Country of Birth   |  |
|  | Save Next: Personal 2 🕨  |

| Personal Information Part 2  |         |  |            |
|--|---------|--|------------|
| Nationality  |         |  |            |
| Do you hold or have you held a nationality oth the one you have indicated above? | er than |  |            |
| National Identification number:  | •       | our Iraqi Jensiya number. If you do r<br>number, check "Does Not Apply." | not have a |
| U.S. Social Security Number  | Check " | Does Not Apply"  |            |
| U.S. Taxpayer ID   | Check " | Does Not Apply"  |            |
| ◀ Back: Personal 1   | 🖺 Save  | Next: Address and Phone ▶  |            |

| Address and Phone Information                 |
|---|
| Street Address                                |
| City  |
| State/Province                                |
| Postal Zone/ZIP Code                          |
| Country                                       |
| Is your Mailing Address the same as your Home |
| Address?                                      |
| Home Phone Number                             |
| Work Phone Number                             |
| Work Fax Number                               |
| Mobile Phone Number                           |
| Email Address                                 |

Save

Next: Passport ▶

# 2. Passport and Travel Information

| Passport Information                                     |   |
|--|---|
| Passport Number  | Enter the passport number as it appears in your |
|  | passport  |
| Passport Book Number                                     | Check "Does Not Apply"                          |
| Country/Authority that Issued Passport                   |   |
| Where Was Passport Issued?                               |   |
| o City   |   |
| <ul> <li>State/Province *If shown on passport</li> </ul> |   |
| o Country  |   |
| Issuance Date  |   |
| Expiration Date  |   |
| Have you ever lost a passport or had one stolen?         |   |

| ◆ Back: Address and Phone | Save | Next: Travel ▶ |
|---------------------------|------|----------------|
|---------------------------|------|----------------|

| Select YES  |
|---|
| Select: Exchange Visa ( J)                        |
| Select NO   |
| Enter the date three days before the start of the |
| <mark>program</mark>                              |
|   |
|   |
| Enter the address reflecting the site of activity |
|   |
|   |
|   |
|   |
| Select: "COMPANY/ORGANIZATION"                    |
| Enter: U.S. Embassy Baghdad, Iraq                 |
|   |
| Enter: 1-240-553-0581                             |
| Select "Other"                                    |
| Select NO   |
|   |
|   |
| Enter: U.S. Embassy Baghdad                       |
| Enter: Al-Kindi Street, International Zone        |
| Enter: Baghdad                                    |
|   |
| Enter: 09870                                      |
| Select: Iraq                                      |
|   |

◆ Back: Passport 🖺 Save Next: Travel Companions 🕨

| Travel Companions                           |          |                              |
|---|----------|------------------------------|
| Are there other persons traveling with you? | Select N | NO                           |
| ◀ Back: Travel                              | 🖺 Save   | Next: Previous U.S. Travel ▶ |

| Previous U.S. Travel   |
|--|
| Have you ever been in the U.S.?  |
| If YES, answer questions A-B.  |
| If NO, skip questions A-B.   |
| A. Provide date of arrival & length of stay for last five visits                                 |
| B. Do you or did you ever hold a U.S. Driver's License? (provide license # and state of issue if |
| applicable)  |
| Have you ever been issued a U.S. Visa?   |
| If YES, answer questions C-H.  |
| If NO, skip questions C-H.   |
| C. Enter date last visa was issued and visa number (if known)                                    |
| D. Are you applying for the same type of visa?   |
| E. Are you applying in the same country where the visa above was issued and is this country      |
| your principal country of residence?   |
| F. Have you been ten-printed (provided fingerprints for all ten of your fingers)?                |
| G. Has your U.S. Visa ever been lost or stolen?  |
| H. Has your U.S. Visa ever been cancelled or revoked?  |
| Have you ever been refused a U.S. Visa, been refused admission to the U.S., or withdrawn your    |
| application for admission at the point of entry?   |
| If YES, provide explanation  |
| A Books Travel Companions Source Nove U.S. Contact N   |

| U.S. Point of Contact Information            |   |                |  |
|--|---|----------------|--|
| Contact Person or Organization in the United | <mark>States</mark>   |                |  |
| Surnames:                                    | Enter   | Khalil         |  |
| Given Names:                                 | Enter   | Hiba           |  |
| Organization Name                            | Enter   | World Learning |  |
| Relationship to you                          | Choose "OTHER"  |                |  |
| Address/Phone Number of Point of Contact:    |   |                |  |
| Street Address (line 1):                     | Enter: World Learning   |                |  |
| Street Address (Line 2):                     | Enter: 1015 15 <sup>th</sup> Street, NW , 7 <sup>th</sup> floor |                |  |
| City:  | Enter: Washington   |                |  |
| State/ Province:                             | Select: District of Columbia                                    |                |  |
| Postal Zone/Zipcode:                         | Enter: 20005  |                |  |
| Email Address:                               | check "Does Not Apply"  |                |  |
|  | 🖺 Save Next: Family ▶   |                |  |

# 3. Family Information

| Family Information: Relatives         |   |
|---------------------------------------|---|
| Father's Full Name and Date of Birth: | Enter full information even if father is deceased |
| Surnames                              |   |
| Given Names                           |   |

# Case 1:17-cv-02969-TDC Document 33-10 Filed 10/14/17 Page 6 of 10

|   |          | <u> </u>                                  |
|---|----------|---|
| Date of Birth                                     |          |   |
| Is your father in the U.S.?                       |          |   |
| Mother's Full Name and Date of Birth:             | Enter fu | II information even if mother is deceased |
| Surnames  |          |   |
| Given Names                                       |          |   |
| Date of Birth                                     |          |   |
| Is your mother in the U.S.?                       |          |   |
| Do you have any immediate relatives (fiancé/fia   | ancée,   |   |
| spouse, children, or siblings) not including pare | nts, in  |   |
| the United States?                                |          |   |
| If YES, provide name, relationship, city          | in U.S.  |   |
| for each relative                                 |          |   |
| Do you have any other relatives in the United S   | tates?   |   |
|   | Save     | Next: Spouse ▶                            |

| Spouse's Full Name       | Enter current spouse information. If divorced, ente previous spouse information. |
|--------------------------|--|
| Spouse's Surnames        |  |
| Spouse's Given Names     |  |
| Spouse's Date of Birth   |  |
| Spouse's Nationality     |  |
| Spouse's Place of Birth: |  |
| City                     |  |
| Country                  |  |
| Spouse's Address         | Select: "Same as Applicant's Home Address"                                       |
|                          | Save Next: Work/Education/Training   |

# 4. Work/Education/Training Information

|   | you should enter an average amount of net income you receive from the business after expenses. If you receive a pension, enter the amount of the pension. |  |
|---|---|--|
| Monthly salary in local currency (if employed): | Enter your salary before deductions or an estimate of your average earnings for a month. If you are a business owner,                                     |  |
| Country   |   |  |
| Postal Zone/ Zip Code                           |   |  |
| State/ Province                                 |   |  |
| City  |   |  |
| Street Address                                  |   |  |
| Present Employer or School Address              |   |  |
| Present Employer or School Name                 |   |  |
| Primary Occupation                              | Provide the following information concerning your current employment or education.  |  |

| Previous Work  | /Education/Training Information         |  |
|----------------|---|--|
| Were you prev  | iously employed?                        | Provide employment information for the last five         |
|                |   | years, if applicable. Add more entries until a span of 5 |
|                |   | years has been recorded                                  |
| If YES,        | enter Employer/ Employment              |  |
| Information    |   |  |
| 0              | Employer Name                           |  |
| 0              | Employer Street Address                 |  |
| 0              | City                                    |  |
| 0              | State/ Province                         |  |
| 0              | Postal Zone/ Zip Code                   |  |
| 0              | Country                                 |  |
| 0              | Telephone Number                        |  |
| 0              | Job Title                               |  |
| 0              | Supervisor's Surname                    |  |
| 0              | Supervisor's Given Names                |  |
| 0              | Employment Date From                    | MUST include month and year                              |
| 0              | Employment Date To                      | MUST include month and year                              |
| 0              | Briefly describe your duties:           | (Just a sentence or two)                                 |
| Have you atter | nded any educational institutions other |  |
| than elementa  | ry schools?                             |  |
|                | provide the following information on    |  |
|                | cational institutions you have          |  |
| attend         | ed, not including elementary schools.   |  |
| 0              | Name of Institution                     |  |
| 0              | Street Address                          |  |
| 0              | City                                    |  |
| 0              | State/ Province                         |  |
| 0              | Postal Zone/ Zip Code                   |  |
| 0              | Country                                 |  |
| 0              | Course of Study                         |  |
| 0              | Date of Attendance From:                |  |
| 0              | Date of Attendance To:                  |  |

◆ Back: Work/Education: Present Save Next: Work/Education: Additional ▶

| Additional Work/Education/Training Information   |   |
|--|---|
| Do you belong to a clan or tribe?  |   |
| If YES, provide clan or tribe name   |   |
| Have you traveled to any countries within the last five years?   | Include any travel outside of your home country, including travel to the U.S. |
| If YES, provide a list of countries visited  |   |
| Have you belonged to, contributed to, or worked for any professional, social, or charitable organization?                  |   |
| If YES, provide a list of organizations  |   |
| Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience? |   |
| Have you ever served in the military?  |   |

#### Case 1:17-cv-02969-TDC Document 33-10 Filed 10/14/17 Page 8 of 10

| If VFS  | provide the following information:            |  |
|---|---|--|
|   |   |  |
| 0   | Name of country (where you performed military |  |
|   | service)                                      |  |
| 0   | Branch of service                             |  |
| 0   | Rank/ Position                                |  |
| 0   | Military Specialty                            |  |
| 0   | Date of Service From                          |  |
| 0   | Date of Service To                            |  |
| Have you ever served in, been a member of, or been involved with      |   |  |
| a paramilitary unit, vigilante unit, rebel group, guerrilla group, or |   |  |
| insurgent orga  | nization?                                     |  |
| If YES,   | Explain                                       |  |
|   |   |  |

Next: Security and Background ▶

## 5. Security and Background

| Medical and Health Information   |
|--|
| Do you have a communicable disease of public health significance such as tuberculosis (TB)?                    |
| If YES, Explain  |
| Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of |
| yourself or others?  |
| If YES, Explain  |
| Are you or have you ever been a drug abuser or addict?   |
| If YES, Explain  |

**◀ Back: Work/Education/Training** Save Next: Criminal ▶

| Cuincipal Information                                 |   |
|---|---|
| Criminal Information                                  |   |
| Have you ever been arrested or convicted for any      | Include all arrests or detentions, including those at |
| offense or crime, even though subject of a pardon,    | the border and by Customs and Border Patrol.          |
| amnesty, or other similar action?                     | ,   |
| If YES, Explain                                       |   |
| Have you ever violated, or engaged in a conspiracy to |   |
| violate, any law relating to controlled substances?   |   |
| If YES, Explain                                       |   |
| Are you coming to the United States to engage in      |   |
| prostitution or unlawful commercialized vice or have  |   |
| you been engaged in prostitution or procuring         |   |
| prostitutes within the past 10 years?                 |   |
| If YES, Explain                                       |   |
| Have you ever been involved in, or do you seek to     |   |
| engage in, money laundering?                          |   |
| If YES, Explain                                       |   |

Save **◆** Back: Medical and Health Next: Security ▶

#### **Security Information**

Do you seek to engage in espionage, sabotage, export control violations. Or any other illegal activity while in the United States?

Do you seek to engage in terrorist activities while in the U.S. or have you ever engaged in terrorist activities?

#### Case 1:17-cv-02969-TDC Document 33-10 Filed 10/14/17 Page 9 of 10

Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?

Are you a member or representative of a terrorist organization?

Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?

Have you ever committed, ordered, incited, assisted or otherwise participated in torture?

Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?

Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?

**◀ Back: Criminal** 

🖺 Save

Next: Immigration Law Violations ▶

#### **Immigration Law Violations**

Have you ever sought to obtain or assist others to obtain a visa, entry into the U.S., or any other United States Immigration benefit by fraud or willful misrepresentation or other unlawful means?

**◀ Back: Security** 

Save

Next: Miscellaneous

#### Miscellaneous Information

Have you ever withheld custody of a U.S. citizen child outside the U.S. from a person granted legal custody by a U.S. court?

Have you voted in the United States in violation of any law or regulation?

Have you ever renounced United States citizenship for the purpose of avoiding taxation?

◆ Back: Immigration Law Violations

Save

Next: Student/Exchange Visa ▶

#### Additional Point of Contact Information

List at least two contacts (One Embassy contact, and one Iraqi contact) who can verify the information that you have provided on this application. For the Iraqi contact, do not list immediate family members or other relatives.

| Contact #1 |                  | Enter Cultural Affairs Youth Exchanges Specialist for first contact  |
|------------|------------------|--|
|            |                  | information  |
| 0          | Surnames         | Enter: Chiriac   |
| 0          | Given names      | Enter: Natalia   |
| 0          | Street Address   | Enter: U.S. Embassy Baghdad, Al-Kindi Street, International Zone   |
| 0          | City             | Enter: Baghdad   |
| 0          | State/Province   | Leave it blank   |
| 0          | Zip              | 09870  |
| 0          | Country          | Iraq   |
| 0          | Telephone Number | 0770 443 3171  |
| 0          | Email Address    | ChiriacNV@state.gov  |
| Contact #2 |                  | Enter Iraqi contact for second contact information (do not list immediate family members or other relatives) |
| 0          | Surnames         | ,  |
| 0          | Given names      |  |
| 0          | Street Address   | Postal office box numbers are unacceptable. MUST at least provide  |
|            |                  | city, country, phone   |
| 0          | City             |  |
| 0          | State/Province   |  |
| 0          | Zip              |  |
| 0          | Country          |  |

#### Case 1:17-cv-02969-TDC Document 33-10 Filed 10/14/17 Page 10 of 10

| 0 | Telephone Number                |      |               |  |
|---|---------------------------------|------|---------------|--|
| 0 | Email Address                   |      |               |  |
|   | ◆ Back: Security and Background | Save | Next: SEVIS ▶ |  |

#### 6. SEVIS Information

| SEVIS                               |   |               |
|-------------------------------------|---|---------------|
| Enter SEVIS ID                      | On DS 2019 form or given to you in an e-mail. |               |
| Do you intend to study in the U.S.? | Select NO                                     |               |
|                                     | 🖺 Save  | Next: PHOTO ▶ |

**Note:** Provide Program Code when asked by the application. You will be provided with the Program Code by e-mail.

#### 7. Upload Photo

If you have a photo, go ahead and follow upload instructions;

If you don't have a digital photo that meets the requirements, you can bypass this step. You will still need to browse and submit an image (you can use any .jpg file), even though it is not the photo you will use. You will receive an error message, and that is okay. An acceptable photo will be taken at the time of the visa interview by Consular Section staff.

## 8. Verify Information

Make sure you verify all information and edit as necessary. In order for changes made from the review page to save, use the buttons at the bottom of each page to navigate, not the browser's back/forward buttons.

#### 9. Sign and Submit

| Sign and Submit  |                                      |
|--|--------------------------------------|
| Did anyone assist you in filling out this application? |                                      |
| If YES, provide the following information on           |                                      |
| the preparer:  |                                      |
| <ul> <li>Surnames</li> </ul>                           |                                      |
| <ul> <li>Given names</li> </ul>                        |                                      |
| <ul> <li>Organization Names</li> </ul>                 |                                      |
| o Address  |                                      |
| <ul> <li>Street Address</li> </ul>                     |                                      |
| o City   |                                      |
| <ul><li>State/Province</li></ul>                       |                                      |
| o Zip  |                                      |
| o Country  |                                      |
| <ul> <li>Relationship to you</li> </ul>                |                                      |
| E-Signature  | Enter your passport number           |
|  | Enter the code you see on the screen |
| Click Sign and Submit Application                      |                                      |

#### 9. Print Confirmation Page

- 1. Print confirmation page and bring to interview. Bring only the confirmation page, not the whole document!
- 2. Send the electronic version of the confirmation page to your local coordinator.