

FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA VISA APPLICATION FORM

REQUEST NO

PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM.													
FIRST NAME													
SEX MALE FEMALE	DATE OF BIRTH D /M YY					Cou	INTRY OF B	IRTH					
PRESENT NATIONALITY ANY OT						THER							
PASSPORT TYPE ORDINARY TRAVEL DOCUMENT SERVICE DIPLOMATIC ALIEN OTHER													
PASSPORT NUMBER ISSUE DATE D /M /Y EXPIRATION DATE D /M /Y													
HOME /MAILING ADDRESS													
CITY/Town_	GION	ION ZIP/POSTAL CODE					COUNTRY						
DAY TEL.			FAX E-MAI										
DAY IEL.	EVENING I	EVENING TEL. FAX E-MAIL											
CHILDREN/ DEPENDANTS ON THE SAME PASSPORT													
FIRST NAME	IDDLE NAME	LAST NAME				SEX		H DATE /M/Y)	BIRTH PLACE				
1		7											
2							!			! ! !			
3				,			!						
4							:			! ! !			
5													
DO NOT WRITE IN THIS SPACE FOR OFFICIAL USE ONLY/ TO BE VILLED AT HEAD OFFICE													
DATE OF ENTRY		VISA NUMBER						VISA TYPE					
PLACE OF ISSUE	DATE OF ISSUE						EXPIRAT	TON DA	TE				
ADDRESS IN ETHIOPIA: HO	TEL			CONTACT PERS			RSON		TEL.				
CURRENT REQUEST													
PLACE OF REQUEST	REQUESTED VISA TYPE			DURATIO (#DAYS)					PHOTO Attach one passport size photograph				
ENTRIES: Single Doub	NUMBER OF SUPPORTING DOCUMENTS												
TO BE COMPLETED BY PROXY/ GUARDIAN WRITE YOUR NAME ON THE BACK OF THE PHOTOGRAPH													
FIRST NAME	NAME	ME LAST NAME											
SEX MALE FEMALE	PERSON/ ORGANIZATION												
REGION ZONE		K.KETEMA (WOREDA) KI			EBELE H			House #		Tel.			
I THE UNDERSIGNED DECLARE THAT ALL THE ABOVE MENTIONED STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE													
FULL NAME & SIGNATURE DATE													