

EMBASSY OF THE STATE OF ERITREA 1708 NEW HAMPSHIRE AVENUE, NW WASHINGTON, DC 2000

TEL: 202-319-1991 FAX: 202-319-1304

РНОТО

APPLICATION FOR ENTRY VISA

1. Full Name (as in passport)					1.1 Sex		
		First Name	Father's Name	Grand Father's Name			
1.2	Former Name (if any)						
2. Pla	ace and date of birth			3. Occupation/Profess	sion		
4. Pre	esent Nationality		4.1 Nationality by birth				
5. Pas	ssport type		5.1 Passport No				
5.2	Place and date of issue		5.3 Valid until				
6. Ma	arital status	_ 6.1 Name of sp	pouse (if married))			
7. Pei	rmanent address		7.1 Te	lephone	(home)		
			7.2 Te	lephone	(work)		
8. Pu	rpose of entry Tourism	☐ Official ☐ Tr	ransit 🗆 Business	s \square Employment \square Stu	ident Other		
9. En	try desired □ Single □ Multi	iple 10. Expect	ted date of arrival	10.1 Perio	od of stay		
11. A	Addresses in Eritrea		11.1	Telephone in Eritrea			
			12.1 Telephone of Reference				
13. P	lace and date of previous vis	sits to Eritrea					
14. N	Tame of person traveling on t	he same passpor	rt				
No.	Full N	ame	Sex	Place and Dat	te of Birth		
	lare that the information give		•	to the best of my knowle Signature			
			FICIAL USE O				
	sion Taken		Entry/Visa No. Sticker# Date of Expiration Receipt #				
	of issuearks	Name	and Signature of	`Authority			
		_					



EMBASSY OF ERITREA

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TRAVEL REQUEST FORM

-PLEASE COMPLETE THIS FORM IN FULL-

FORM MUST BE SUBMITTED 10 WORKING DAYS PRIOR TO TRIP ALONG WITH THE FORMAL ENTRY VISA APPLICATION FORM

1. Date of Request: // mon./day/year			
2. Full Name of Traveler:		Middle	Last
3. Rank/Position:			
4. Passport Number:			
Passport Type: Diplomatic	Official	Ordinary 🗖	Other
5. Accompanying Traveler			
Full Nmae		Passi	oort Number
Full Nmae		Passq	port Number
Full Nmae	-	Passi	port Number



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TRAVEL REQUEST FORM

Travel Itinerary				
1. Date: //mon./day/year	From:	Depart	ure Time: :	AM PM
2. Flight Number:	Carrier:	To:	Arrival:	_:AM _PM
3. Purpose of Travel:				
4. Length of Stay:		_		,
5. If Traveler On Assig	nment:new p	position/rank	replacing	
term of assignment in mor	nths			
6. Anticipated Visits Ou	utside Asmara:			
7. Host/Sponsor:		Name & telephone number		
8. Lodging:		Name		
	Addr	ress		
9. Date of Departure Fr	om Eritrea:/	n./day/year		*
Please	Use Additional	Sheets For More Inf	ormation	
		ial Use Only ceipt:/_/ mon./day.year		

Form 62.7.3



STATE OF ERITREA MINISTRY OF FOREIGN AFFAIRS IDENTITY CLARIFICATION FORM

THE ERITREAN EMBASSY OR MISSION	Code		
Ref.No	Date//		
To: - THE DEP. OF IMMIGRATION & NATIONLITY ALIENS DIVISION			
1. FULL NAME OF APPLICANT AS IN PASSPORT (PERSO	N WHO REQUESTS ENTRY VISA)		
	2. SEX		
3 PRESENT NATIONLITY	3.1 NATIONLITY BY BIRTH		
3.2 OTHER NATIONLITIES IF ANY	4. DATE OF BIRTH/		
5. PASSPORT No			
7. APPLICANT'S SIGNATURE	7.1 DATE / /		
FOR OFFICIAL USE ONLY			
7. አብ ልዕሲ መእተዊ ቪዛ ክወሃቦ ዝሓትት ተገልጋሲ ዝተገብረ ደቂች ምጽራይ ። ማለት ብዘይካ'ቲ ብወማዒ ንምእታው ዘቅርቦ ምኸንያት ካልእ ዕላማ ከይሀልዎ ዝፍትሽ ኢዩ። እዚ ክፋል'ዚ ብትግርኛ ወይ ብዓረብኛ ክምላእ ይካአል።	بعد والله المدورة أو التحديث لا الاكاري من الله شعوا المراه مدف أخر والله مدود		
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7-11-11-11-11-11-11-11-11-11-11-11-11-11			
NB Passport copy should be attached with this form	Official stamp		
Name of authority	Signature of authority		