



VISA APPLICATION FORM

PLEASE TYPE IN OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM USE BLACK OR BLUE INK ONLY

I. APPLICANTS			PHOTO Attach one photograph Write your name on the back of the photograph 3 X 4cm
SUR NAME /AS IN PASSPORT/: _____			
FIRST NAME /AS IN PASSPORT/: _____			
MIDDLE NAME /AS IN PASSPORT/: _____			
GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE OF BIRTH: DD ____ /MM ____ /YYYY ____ PLACE OF BIRTH _____	COUNTRY OF BIRTH _____ NATIONALITY _____	
II. PERSONAL STATUS			
SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> IF OTHER, SPECIFY: <input type="checkbox"/> _____			
III. RESIDENCE & WORK ADDRESS			
RESIDENCE		WORK	
FULL ADDRESS _____		CURRENT OCCUPATION _____	
TEL. _____		CO. NAME _____	
E-MAIL _____		FULL ADDRESS _____	
		TEL. _____	
		E-MAIL _____	
IV. PASSPORT/DOCUMENT DATA			
DOCUMENT TYPE			
DIPLOMATIC PASSPORT <input type="checkbox"/> OFFICIAL/SERVICE PASSPORT <input type="checkbox"/> ORDINARY PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT <input type="checkbox"/>			
DOCUMENT/PASSPORT NUMBER _____ COUNTRY OF ISSUE _____			
CITY OF ISSUE _____ ISSUE DATE _____ EXPIRY DATE _____			
V. PURPOSE OF VISIT			
TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> TRANSIT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> IF OTHER <input type="checkbox"/> /SPECIFY/ _____			
VI. TYPE OF VISA			
ONE MONTH SINGLE <input type="checkbox"/> TWO MONTHS SINGLE <input type="checkbox"/> THREE MONTHS SINGLE <input type="checkbox"/> THREE MONTHS MULTIPLE <input type="checkbox"/>			
VII. DURATION OF VISA AND ACCOMODATION			
ESTIMATED STAY (IN DAYS) _____ ARRIVAL DATE IN ETHIOPIA _____			
ACCOMODATION IN ETHIOPIA NAME _____			
FULL ADDRESS _____			
TELEPHONE NO. _____			
VIII. CHILDREN/DEPENDENTS ON THE SAME PASSPORT			
NAME	GENDER	BIRTH DATE	BIRTH PLACE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
IX. PRIOR VISIT DATA			
HAVE YOU BEEN TO ETHIOPIA BEFORE?		IF YES, HOW LONG DID YOU STAY?	
YES <input type="checkbox"/> NO <input type="checkbox"/>		FROM: _____ TO: _____	
WHERE DID YOU STAY? _____		FULL ADDRESS: _____	
TELEPHONE NO. _____		_____	
PURPOSE OF THE VISIT			
TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> TRANSIT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> IF OTHER <input type="checkbox"/> /SPECIFY/ _____			
X. APPLICATION PRESENTED BY:-			
APPLICANT <input type="checkbox"/> PARENT <input type="checkbox"/> PROXY <input type="checkbox"/> GUARDIAN <input type="checkbox"/>			
I, THE UNDERSIGNED DECLARE THAT THE ABOVE STATEMENTS ARE COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
FULL NAME _____		SIGNATURE _____	DATE _____