

FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

Visa application

Photo

Surname _____ Given Names _____ Sex _____
Birth date: D _____ /M. _____ /Yr. _____ Birth Place _____ Personal No. _____
Present Nationality _____ Any Other _____
Field of Study/Profession _____ Institution/Organization _____
Passport Type: [] Ordinary [] Service [] Diplomatic [] Alien [] Others _____
Passport No. _____ Issue Date D. _____ /M. _____ /Yr. _____ Expiry Date
D. _____ /M. _____ Yr. _____

Residence Address: Country _____ City _____ Street _____
Postal Code _____ Telephone _____ E-Mail _____

Name of Contact Person/Hotel in Ethiopia: _____ Tel: _____

Requested Visa Type: [] Tourist [] Business [] Transit [] Diplomatic [] Service
Requested Days: [] 30 [] 90 (for tourist visa)
Requested Days: [] 30 [] 90 [] 180 [] 365 (for business visa)
Entries: [] Single [] Multiple (Multiple entry is only for more than 30 days)

Date of Arrival to Ethiopia _____

To be filled by Proxy/Guardian (for children under 18 years Old)
Surname _____ Given Names _____ Telephone _____

I, the undersigned, declare that the above-mentioned statements are true to the best of my knowledge.

Full Name & Signature _____ Place of Request _____ Request Date _____

NB. Visa fees or any amount of money paid in excess of the required amount are not refundable.

The Embassy welcomes any comment regarding the service it provides

For office use only

Visa No. _____ Visa Type _____ Amount Paid _____ Receipt Number _____
Date of Issue _____ Date of Expiry _____ Remarks _____