

FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

Visa application

Photo

Surname _____ Given Names _____ Sex _____

Birth date: D ____/M._____/Yr.____ Birth Place _____ Personal No. _____

Present Nationality _____ Previous Nationality _____

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.____

Home Address: Country _____ City _____ Street _____

Postal Code _____ Telephone _____ E-Mail _____

Address where you will stay in Ethiopia:

Region _____ Zone/Sub City _____ Kebele _____ House No. _____

Name of contact person/Hotel _____ Telephone _____

Requested Visa Type: Tourist Business Transit Diplomatic Service

Requested Days: 30 90 180 365 (*More than 90 days is only 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. Incomplete visa application will not be processed.

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

For office use only

Visa No. _____ Visa Type _____ Amount Paid _____ Receipt Number _____

Date of Issue _____ Date of Expiry _____ Remarks _____