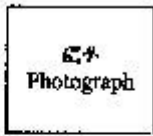


የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ሪፐብሊክ ኤምባሲ ስቶክሆልም
Embassy of The Federal Democratic Republic of Ethiopia, Stockholm



ለይላኛ ወረቀት የማመልከቻ ቅጽ
Application Form For Laissez-Passer

ስም/Name _____
የፖስፖርት ቁጥር /Passport Number _____
የገለ ቁጥር /Personal Number _____
ቤግነትና ትውልድ/ Nationality and origin _____
ሥራ/ Profession _____
የትውልድ ቦታና ዘመን/ Place and date of birth _____
የሚኖርበት/ Domicile _____
ቁመት/ Height _____
የአይን ቀለም/ Colour of eyes _____
የፀጉር ቀለም/ Colour of hair _____
ልዩ ምልክት/ Special mark _____
አብረው የሚጓዙ/ Accompanied by _____
በየት አገር በኩል ያልፋሉ?/ Through which countries you pass? _____
ጉዞው ለሰንት ጊዜ ነው?/ For how long is your visit? _____
የሚጓዙበት ቀን/ Date of departure _____
ፎርም የተሞላበት ቀን/ Date of application issue _____
ስልክ ቁጥር/ Telephone _____

_____ ፊርማና ቀን/Signature and date

ለቢሮ ሥራ ብቻ/FOR OFFICE USE ONLY

የይላኛ ቁጥር /Laissez-Passer no. _____ ቀን/Date _____ ፋይል ቁጥር/File no. _____
የተከፈለው ገንዘብ/Amount paid _____ የደረሰኝ ቁጥር/Receipt no. _____

Postal Address: - Embassy of The Federal Democratic Republic of Ethiopia, Låjtnantsgatan 17, P.O.Box 10148, 100 55 Stockholm, SWEDEN, Telephone: - (0046)-8-6609166/6656030, Fax: - (0046)-8-6609561,
Visiting hours: 9:00-12:00 AM, E-mail. ethemb.consular@telia.com