

FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

Visa application

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

First Name _____ Middle Name _____ Last Name _____

Sex ___ Birth date D ___/M. ___/Yr. ___ Birth Place _____ Personal No. _____

Present Nationality _____ Any Other _____ E-Mail _____

Field of Study/Profession _____ Organization/Institution _____

Passport Type: Ordinary Service Diplomatic Alien Others _____

Passport No. _____ Issue Date D. ___/M. ___/Yr. ___ Expiry Date D. ___/M. ___ Yr. ___

Residence Address: Country _____ City _____ Postal Address _____

_____ Telephone Home/Office _____

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

To be filled by Proxy/Guardian (for children under 18 years Old)

First Name _____ Middle Name _____ Last Name _____ Telephone _____

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

Current Request

Requested Visa Type: Diplomatic/Service/Business/Transit/Tourist

Days: 30 90 (for tourist visa)

Days: 30 90 180 365 (for business visa)

Entries: Single Multiple Double (*Multiple entry is only for more than 30 days*)

Date of Arrival to Ethiopia _____

Full Name & Signature _____

Place of Request _____

Request Date _____

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 _____