FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

Photo

Visa application

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  Diplomatic  Service :  Tourist

Requested Days:  30 90 (for tourist visa)

Requested Days: 30 90 180 365 (for business visa)

# 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