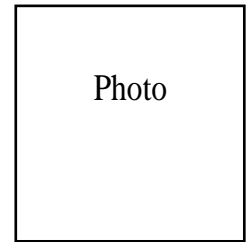


EMBASSY OF ERITREA

1708 New Hampshire Avenue. NW
Washington, DC. 20009
Tel: (202) 319-1991 Fax: (202) 319-1304



APPLICATION FOR ENTRY OR TOURIST VISA

1. Full Name (as in passport) _____ 1.1 Sex _____
1.2 Former Name (if any) _____
2. Place and date of birth _____ 3. Occupation/Profession _____
4. Present Nationality _____ 4.1 Nationality by birth _____
5. Passport type _____ 5.1 Passport No. _____
5.2 Place and date of issue _____ 5.3 Valid until _____
6. Marital status _____ 6.1 Name of spouse (if married) _____
7. Permanent address _____ 7.1 Telephone _____ (home)
_____ 7.2 Telephone _____ (work)
8. Purpose of entry: Tourism Official Diplomatic Business Student Employment Other
9. Entry desired: Single Multiple 10. Expected date of arrival _____ 10.1. Period of stay _____
11. Address in Eritrea _____ 11.1 Telephone in Eritrea _____
12. Reference in Eritrea _____ 12.1 Telephone of Reference _____
13. Place and date of previous visits to Eritrea _____
14. Name of persons traveling on the same passport

No.	Full Name	Sex	Place and date of birth

I declare that the information given above to be correct and complete to the best of my knowledge.

Place: _____ Date: _____ Signature _____

FOR OFFICIAL USE ONLY

Decision taken _____ Entry/Visa No. _____ Sticker # _____
Date of Issue _____ Date of Expiration _____ Receipt # _____
Remarks _____ Name & Signature of Authority _____