



PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM.

1. PREFIX	2. LAST NAME	3. FIRST NAME	4. MIDDLE NAME
5. HOME/MAILING ADDRESS			
6. CITY/TOWN	7. STATE/REGION	8. ZIP/POSTAL CODE	9. COUNTRY
10. DAYTIME TEL.	11. EVENING TEL.	12. FAX	13. E-MAIL ADDRESS
14. DATE OF BIRTH (mm-dd-yy)	15. CITY OR TOWN OF BIRTH	16. COUNTRY OF BIRTH	17. NATIONALITY
19. PRESENT OCCUPATION <input type="checkbox"/> MEDICAL DOCTOR <input type="checkbox"/> ENGINEER <input type="checkbox"/> EDUCATOR <input type="checkbox"/> ECONOMIST <input type="checkbox"/> LAWYER <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER			18. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
20. SPECIFIC FIELD OF STUDY/BUSINESS			

Visa Information

21. PURPOSE OF VISIT <input type="checkbox"/> TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> TRANSIT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER		22. TYPE OF ENTRY <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE
23. DOCUMENT TYPE <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT	24. DOCUMENT NUMBER	25. DATE OF ISSUE (MM/DD/YY)
26. COUNTRY OF ISSUE	27. CITY OF ISSUE	28. DATE OF EXPIRATION
29. ESTIMATED LENGTH OF STAY (NUMBER OF DAYS)		30. EXPECTED DATE OF ARRIVAL
31. HAVE YOU EVER BEEN TO ETHIOPIA BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO	32. HOW LONG DID YOU STAY IN ETHIOPIA? FROM: _____ TO: _____	
33. WHAT WAS THE PURPOSE OF THE VISIT <input type="checkbox"/> TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> TRANSIT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER		

DO NOT WRITE IN THIS SPACE
FOR OFFICIAL USE ONLY

VISA NUMBER

ISSUE DATE

VALID UNTIL

GRATIS

YES NO

FEE PAID

RECEIPT NO

Employer or School Information

34A. EMPLOYER OR SCHOOL NAME	34B. EMPLOYER OR SCHOOL TEL.
34C. EMPLOYER OR SCHOOL ADDRESS	

To Be completed by Foreign Nationals of Ethiopian Origin

35. YOUR NAME	36. FATHER'S NAME	37. GRANDFATHER'S NAME
38A. FATHER'S FULL NAME		39A. MOTHER'S FULL NAME
38B. COUNTRY OF BIRTH	38C. CITY OF BIRTH	39B. COUNTRY OF BIRTH
38D. FATHER NATIONALITY		39C. CITY OF BIRTH
38E. CURRENT ADDRESS		39D. MOTHER NATIONALITY
		39E. CURRENT ADDRESS

PHOTO
Attach one photograph
Write your name on the back of
the photograph

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT'S SIGNATURE: _____ DATE: _____

If this application has been prepared by a travel agency or another person on your behalf, the agent should indicate name and address of agency or person with appropriate signature of individual preparing this form.

FORM: _____ DATE: _____