

EMBASSY OF ETHIOPIA, LONDON
CONSULAR OFFICE
PASSPORT & VISA SERVICES



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VISA APPLICATION FORM

PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM. USE BLACK OR BLUE INK ONLY

1. TITLE	2. SURNAME	3. GIVEN NAMES		
4. HOME ADDRESS				5. CITY/TOWN
6. COUNTY		7. POSTAL CODE		8. COUNTRY
9. DAYTIME TELEPHONE NO.	10. EVENING TELEPHONE NO.	11. FAX NUMBER	12. E-MAIL ADDRESS	
13. OCCUPATION		14. SPECIFIC FIELD OF STUDY/BUSINESS		
15. NATIONALITY	16. DATE OF BIRTH (DD/MM/YY)	17. CITY/TOWN OF BIRTH	18. COUNTRY OF BIRTH	
19. PURPOSE OF VISIT (IF OTHER, PLEASE STATE PURPOSE) TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> TRANSIT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER				
20. TYPE OF ENTRY SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> (TRANSIT ONLY) (EXCLUDES TRANSIT)		21. DOCUMENT TYPE PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT <input type="checkbox"/>		
22. DOCUMENT NUMBER		23. DATE OF ISSUE		
24. COUNTRY OF ISSUE	25. CITY OF ISSUE	26. DATE OF EXPIRY		
27. LENGTH OF STAY (IN DAYS)	28. DATE OF ENTRY	29. DATE OF DEPARTURE		
30. WHERE DO YOU PLAN TO STAY? ADDRESS:				
31. CONTACT NAME:		32. TELEPHONE NO.:		
33. HAVE YOU BEEN TO ETHIOPIA BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		34. IF YES, HOW LONG DID YOU STAY? FROM: TO:		
35. IF YES, WHERE DID YOU STAY? ADDRESS:				
36. CONTACT NAME:		37. TELEPHONE NO.:		
38. WHAT WAS THE PURPOSE OF THE VISIT? TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> TRANSIT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER <input type="checkbox"/>				
EMPLOYER OR SCHOOL INFORMATION				
39. EMPLOYER OR SCHOOL NAME		40. EMPLOYER OR SCHOOL TEL.		
41. EMPLOYER OR SCHOOL ADDRESS				
42. CHILDREN / DEPENDENTS ON THE SAME PASSPORT				
SURNAME	GIVEN NAMES	SEX	DATE OF BIRTH (DD/MM/YY)	PLACE OF BIRTH

DO NOT WRITE IN THIS SPACE FOR OFFICIAL USE ONLY

VISA NUMBER

ISSUE DATE

VALID UNTIL

GRATIS
YES NO

FEE PAID

RECEIPT NO.

PHOTOGRAPH

Attach one photograph with your name written in CAPITALS on the back.

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

APPLICANTS SIGNATURE: _____ DATE: _____

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

SIGNATURE OF PERSON PREPARING FORM: _____ DATE: _____