FORM EE-10/2004

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
United Kingdom		

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 ☐ BUSINESS ☐ TRANSIT ☐ DIPLOMATIC ☐ OFFICIAL ☐ OTHER ……

20. TYPE OF ENTRY	21. DOCUMENT TYPE
SINGLE ☐ DOUBLE (TRANSIT ONLY) ☐ MULTIPLE (EXCLUDES TRANSIT) ☐	PASSPORT ☑ TRAVEL DOCUMENT ☐

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?	34. IF YES, HOW LONG DID YOU STAY?
YES ☐ NO ☐	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 ☐ BUSINESS ☐ TRANSIT ☐ DIPLOMATIC ☐ OFFICIAL ☐ OTHER ☑

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: _____