



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

FIRST NAME.....		MIDDLE NAME.....		LAST NAME.....	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH D___/M___/YY___		COUNTRY OF BIRTH.....	
PRESENT NATIONALITY..... ANY OTHER.....					
PASSPORT TYPE <input type="checkbox"/> ORDINARY <input type="checkbox"/> TRAVEL DOCUMENT <input type="checkbox"/> SERVICE <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> ALIEN <input type="checkbox"/> OTHER.....					
<input type="checkbox"/> TRAVEL DOCUMENT NUMBER..... ISSUE DATE D___/M___/Y___ EXPIRATION DATE D___/M___/Y___					
HOME /MAILING ADDRESS.....					
CITY/TOWN.....		STATE/REGION.....		ZIP/POSTAL CODE.....	
DAY TEL.....		EVENING TEL.....		FAX.....	
				E-MAIL.....	

CHILDREN/ DEPENDANTS ON THE SAME PASSPORT

	FIRST NAME	MIDDLE NAME	LAST NAME	SEX	BIRTH DATE (D/M/Y)	BIRTH PLACE
1						
2						
3						
4						
5						

DO NOT WRITE IN THIS SPACE
FOR OFFICIAL USE ONLY/ TO BE FILLED AT HEAD OFFICE

DATE OF ENTRY.....		PORT OF ENTRY.....		VISA NUMBER.....		VISA TYPE.....			
PLACE OF ISSUE.....			DATE OF ISSUE.....			EXPIRATION DATE.....			
ADDRESS IN ETHIOPIA: HOTEL.....				TEL.....		CONTACT PERSON.....		TEL.....	

CURRENT REQUEST

PLACE OF REQUEST.....		REQUESTED VISA TYPE.....		DURATION (DAYES).....		<p>PHOTO Attach one passport size photograph WRITE YOUR NAME ON THE BACK OF THE PHOTOGRAPH</p>
ENTRIES: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> MULTIPLE		NUMBER OF SUPPORTING DOCUMENTS.....				

TO BE COMPLETED BY PROXY/ GUARDIAN

FIRST NAME.....		MIDDLE NAME.....		LAST NAME.....	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CONTACT PERSON/ ORGANIZATION.....			
REGION.....	ZONE.....	K.KETEMA (WOREDA).....	KEBELE.....	HOUSE #.....
					TEL.....

I THE UNDERSIGNED DECLARE THAT ALL THE ABOVE MENTIONED STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE

_____		_____	
FULL NAME & SIGNATURE		DATE	

FOR OFFICE USE ONLY

List of Supporting Documents:

REMARK

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