

Embassy of Ethiopia
48 Derech Menachim Begin St.
Building B, Floor 8B
66184 Tel-Aviv, Israel

VISA APPLICATION FORM

Tourist Transit Entry Business

1. Name in full _____
2. Date & Place of birth _____
3. Sex:- male female
4. Nationality _____
5. Permanent address _____
6. Home telephone no. _____
7. Name, address & telephone no. of Employer in full

8. Profession/occupation _____
9. Passport or Travel Document No. _____
10. Date & Place of Issue _____
11. Date of Expiry _____
12. Estimated length of stay in Ethiopia _____
13. Expected date of arrival _____
14. Purpose of travel to Ethiopia _____
15. Has applicant visited Ethiopia before?
(if so, when? Please state purpose) _____
16. Persons accompanying on same passport (name, age and relationship)
A. _____ B. _____
C. _____ D. _____

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Date

Applicant's Signature

FOR CONSULAR USE ONLY

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Visa No. _____ Date _____
Receipt No. _____ Fee Paid _____
Name _____ Signature _____ Date _____