

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: \_\_\_\_\_