

EMBASSY OF ERITREA
1708 NEW HAMPSHIRE AVE NW
WASHINGTON, DC 20009
TEL: (202) 319-1991, FAX: (202) 319-1304

Print
Your
name on
the back
Picture

APPLICATION FOR ENTRY OR TOURSIST VISA

1. Full Name (as in Passport) _____ 1.1-Sex _____

1.2-Former Name (if any) _____

2. Place & date of Birth _____ 3.-Occupation/Profession _____

4. Present Nationality: _____ 4.1-Nationality by birth _____

5. Passport type: _____ 5.1-Passport No. _____

5.2-Place & date of issue _____ 5.3-Valid until _____

6. Marital Status: _____ 6.1- Name of spouse (if Married) _____

7. Permanent address: _____ 7.1- Tel: (H) _____

_____ 7.2- Tel: (W) _____

8. Purpose of entry: Tourism: Official: Diplomat Business:

Employment: Other:

9. Entry desired: Single Multiple 10.-Expected date of arrival _____

10.1- Period of stay _____

11. Address in Eritrea _____ 11.1-Tel. In Eritrea: _____

12. Reference in Eritrea _____ 12.1-Tel In Eritrea: _____

13. Place and date of previous visits to Eritrea _____

I declare that the information given above to be correct and complete to the best of my knowledge.

Place: _____ Date: _____

Signature _____

FOR OFFICIAL USE ONLY

Decision taken _____ Entry/Visa No. _____ Sticker#: _____

Date of Issue: _____ Date of Expiration _____ Receipt: _____

Remarks _____ Name & Signature of Authority: _____

