


**STATE OF ERITREA
DEP.OF IMMIGRATION & NATIONALITY
APPLICATION FORM FOR VISA**



**2. PASTE
PHOTOGRAPH**

(35x45 mm)

DO NOT STAPLE

1. REFERENCE N°. _____


3. APPLICATION FOR	<input type="checkbox"/> ENTRY	<input type="checkbox"/> EXIT
	<input type="checkbox"/> RE-ENTRY	<input type="checkbox"/> EXTENSION/ RENEWAL

(PLEASE USE CAPITAL LETTERS)

4. FULL NAME AS IN PASSPORT				
4.1 FORMER OTHER NAME (if different from above)			5. MOTHER'S NAME	
6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		7. PLACE OF BIRTH (country / city or town)		7.1 DATE OF BIRTH Date Month Year / / /
8. OCCUPATION	9. PRESENT NATIONALITY	9.1 NATIONALITY BY BIRTH	10. ERITREAN ID No.	
11. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGEL <input type="checkbox"/> WIDOWED				
12. PASSPORT TYPE	Number	Place of Issue	Date of Issue / /	Date of Expiry / /
13. PERMANENT ADDRESS (outside Eritrea)	Country	City/town	Street & House .No.	Telephone
14. ADDRESS IN ERITREA	Zone	Sub Zone	City/town	Street & House .No. Telephone

15. ENTRY VISA

15.1 PURPOSE OF ENTRY	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> TOURISM	<input type="checkbox"/> OFFICIAL
	<input type="checkbox"/> STUDENT	<input type="checkbox"/> FAMILY VIST	<input type="checkbox"/> OTHER	<input type="checkbox"/> TRANSIT
If transit, entry visa to the country of destination until ___/___/___				
15.2 ENTRY DESIRED	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MULTIPLE	15.3 PERIOD OF STAY	
15.4 HOST (REFERENCE) IN ERITREA (for non resident aliens)	Zone	City/town	Street & House .No.	Telephone

16. I _____ declare that the
Information given above is correct and complete. Signature  Date ___/___/___

17. FOR OFFICIAL USE ONLY

DECISION TAKEN _____	
VISA GOOD FOR <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE	RE-ENTRY VISA VALID FOR _____
THE VISA IS EXTENDED/RENEWED UP TO ___/___/___ (for Visa extension / renewal only)	
REMARKS _____	
AMOUNT TO BE PAID _____ CURRENCY _____	
NAME OF AUTHORITY _____	
SIGNATURE _____	DATE ___/___/___
RECEIPT No. _____	VISA No. _____

↖ SE AL

18. RESERVEID FOR CASHIER

