

STATE OF ERITREA
DEP.OF IMMIGRATION & NATIONALITY
FOREIGNERS VISA APPLICATION FORM

2. PASTE
 PHOTOGRAPH
 (35x45mm)
 DO NOT STAPLE

1. REFERENCE N° _____

3. APPLICATION FOR ENTRY EXIT RE-ENTRY EXTENSION RENEWAL

PLEASE USE CAPITAL LETTERS

4.0 SURNAME _____ GIVEN NAMES _____

4.1 FORMER OTHER NAME (if different from above) _____ 5. MOTHER'S NAME _____

6. SEX MALE FEMALE 7.0 PLACE OF BIRTH (country) (city or town) _____ 7.1 DATE OF BIRTH / /

8. MARITAL STATUS MARRIED DIVORCED SINGLE WIDOWED 9. OCCUPATION _____

10. PERMANENT ADDRESS (outside Eritrea) Country _____ City/town _____ Street & House .No. _____ Telephone _____

11. ADDRESS IN ERITREA Zone _____ Sub Zone _____ City/town _____ Street & House .No. _____ Telephone _____

12.0 PRESENT NATIONALITY _____ 12.1 NATIONALITY BY BIRTH _____

13. PASSPORT TYPE _____ Number _____ Place of Issue _____ Date of Issue / / _____ Date of Expiry / / _____

14. ENTRY VISA

14.1 PURPOSE	<input type="checkbox"/> BUSINESS Profession _____ Intended period of stay _____ Name and address of host _____ Tel. No _____ Nature of your business. _____ Funded by _____ <input type="checkbox"/> Copy of host's invitation letter
	<input type="checkbox"/> EMPLOYMENT Profession _____ Name and address of host _____ <input type="checkbox"/> Copy of a contract agreement with host.
	<input type="checkbox"/> OFFICIAL <input type="checkbox"/> Copy of a letter from the Ministry of Foreign Affairs
	<input type="checkbox"/> TOURISM Have you visited Eritrea before? <input type="checkbox"/> No <input type="checkbox"/> Yes Year(s) of visit _____ Countries visited during the last 5 years _____ Places to visit in Eritrea _____ Budget for the tour _____ Currency _____ Current Address _____
	<input type="checkbox"/> STUDENT <input type="checkbox"/> Copy of a letter from the school to enroll.
	<input type="checkbox"/> FAMILY VISIT Name and address of host _____ Relationship with the host (family) to visit _____ Intended period of stay _____ <input type="checkbox"/> Copy of invitation letter
	<input type="checkbox"/> TRANSIT. Specify reason for your stay _____ Your final destination _____ <input type="checkbox"/> copy of forward air ticket and entry visa to your destination
	<input type="checkbox"/> OTHER Specify reason for your visit _____ Means of support _____ Intended period of stay _____

15. EXIT / RE-ENTRY VISA

15.1 COUNTRY OF DESTINATION			
15.2 RESIDENT PERMIT No. (For residents in Eritrea)	Place of Issue	Date of Issue / /	Date of Expiry / /
15.3 PURPOSE	<input type="checkbox"/> EXIT FOR GOOD <input type="checkbox"/> BUSINESS <input type="checkbox"/> OFFICIAL <input type="checkbox"/> TOURISM <input type="checkbox"/> TRAINING <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHER		
15.4 GOOD FOR	<input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE VISA VALID FOR _____		

16. VISA EXTENSION/RENEWAL

Type of Visa	Place of Issue	Date of Issue	Purpose of Extension
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17. Children (Application must be submitted separately for each passport holder)

No.	NAME	SEX	PLACE OF BIRTH	DATE OF BIRTH		
				DATE	MONTH	YEAR
1						
2						
3						

18. I _____ certify that I have read and understood all the questions set forth in this application form and the answers I have given are true and correct to the best of my knowledge. .

Signature _____

Date ____/____/____

19. FOR OFFICIAL USE ONLY

19.1 NAME AND SIGNATURE OF REGISTRAR _____		DATE ____/____/____
19.2 DECISION TAKEN _____		
VISA GOOD FOR <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE VISA VALID FOR _____		
THE VISA IS EXTENDED/RENEWED UP TO ____/____/____ (for visa extension/renewal only)		
REMARKS _____	AMOUNT TO BE PAID _____	CURRENCY _____
NAME & SIGNATURE OF AUTHORITY _____		DATE ____/____/____
RECEIPT No. _____	VISA No. _____	SEAL →
19.3. RESERVED FOR CASHIER		

20. VERIFICATION

Reception	Photo capturing	Data Capturing	Cash Receipt	Verification	Printing	Quality Control	Issuance