

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 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 7.0 PLACE OF BIRTH (country) (city or town) | | 7.1 DATE OF BIRTH / / |
| 8. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> 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 |

| 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 |
|-----------|-----------------|----------------|--------------|--------------|----------|-----------------|----------|
| | | | | | | | |

Signature of authority