

Consulate of the Federal Democratic Republic of Ethiopia 866 Second Avenue, 3rd Floor New York, NY 10017 Phone (212) 421 1830 Fax (212) 754 0360 Visa Application Form

ATTACHE ONE
PASSPORT SIZE
PHOTO

First Name									
Sex Date of Birt									
Present Nationality		•							
Present Occupation		Spec	ific Field	of Study-	, 				
Passport Type:	Ordinary	Service Diplo	matic	Alien	Others	***************************************			
Travel Document Numb									
Mailing Address: Street.									
City/Town		State			Zip Code-	,			
Phone (Da	ay)	(Evening	j)		E-mail				
Address in Ethiopia: Hote					Phone				
Cont	act Person /Or	ganization			- Phone				
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Place of visa Request		Request	ed Visa l	Гуре					
Expected Date of arrival -		Duration	of Stay			e - e - e - e - e - e - e - e - e - e			
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,	Children	/ Dependants on th	e Same	Passport					
First Name M	liddle Name	Last Name	Sex	Date of E	Sirth(D/M/Y)	Place of Birth			
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2		***************************************			**************	-			
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FULL NAME & SI	GNATURE			D	ATE OF REQ	JEST			

Date of Entry———	Port of Entry	Visa N	lo.	
	Place of Issue			W. C.
	a:Hotel		Phone Phone	4
Contact Person/Or For Offic		A SECTION OF	FILTING .	
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To be Filled at the Head Office (DO NOT WRITE IN THIS SPACE)