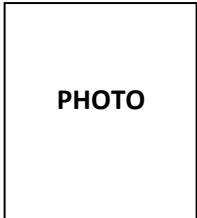




Embassy of Eritrea

1708 NEW HAMPSHIRE AVENUE, NW
WASHINGTON, DC 20009
TEL: 202-319-1991
FAX: 202-588-7584



Application for Entry Visa

1. Full Nam (As in passport): _____ 1.1. Sex: _____
Fist Name Father's Name Grandfather's Name

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 Number: _____

5.2. Place & Date of Issue: _____ 5.3. Valid unto: _____

6. Marital Status: _____ 6.1. Name of Spouse (If married): _____

7. Permanent Address: _____ 7.1. Telephone: _____ (Home)

_____ 7.2 Telephone: _____ (Work)

8. Purpose of visit: Tourism Official Transit Business Employment Student Family Visit Other

9. Entry Requested: Single Multiple 10. Expected Date of Arrival: _____ 10.1 Period of Stay: _____

11. Address in Eritrea: _____ 11.1 Telephone: _____

12. Reference in Eritrea: _____ 12.1 Telephone: _____

13. Place and Date of previous visit to Eritrea: _____

14. Name of persons traveling on the same passport:

No.	Full Name	Sex	Place and Date of Birth

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

Place: _____ Date: _____ Signature: _____

FOR OFFICIAL USE ONLY

Decision Taken: _____ Entry Visa No. _____ Sticker No. _____

Date of Issue: _____ Date of Expiration: _____ Receipt No. _____

Remarks: _____ Name and Signature of Authority: _____