

EMBASSY OF ERITREA
 1708 NEW HAMPSHIRE AVE NW
 WASHINGTON, DC 20009
 TEL: (202) 319-1991, FAX: (202) 319-1304

Print
Your
name on
the back
Picture

APPLICATION FOR ENTRY OR TOURSIST VISA

1. Full Name (as in Passport) _____ 1.1-Sex _____
 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 No. _____
 5.2-Place & date of issue _____ 5.3-Valid until _____
6. Marital Status: _____ 6.1- Name of spouse (if Married) _____
7. Permanent address: _____ 7.1- Tel: (H) _____
 _____ 7.2- Tel: (W) _____
8. Purpose of entry: Tourism: Official: Diplomat Business:
 Employment: Other:
9. Entry desired: Single Multiple 10.-Expected date of arrival _____
 10.1- Period of stay _____
11. Address in Eritrea _____ 11.1-Tel. In Eritrea: _____
12. Reference in Eritrea _____ 12.1-Tel In Eritrea: _____
13. Place and date of previous visits to Eritrea _____
- I declare that the information given above to be correct and complete to the best of my knowledge.
- Place: _____ Date: _____
- Signature _____

FOR OFFICIAL USE ONLY

Decision taken _____ Entry/Visa No. _____ Sticker#: _____
 Date of Issue: _____ Date of Expiration _____ Receipt: _____
 Remarks _____ Name & Signature of Authority: _____