

CONSULATE GENERAL OF THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

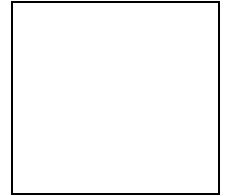
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VISA APPLICATION FORM

APPLICANT



First Name _____ Middle Name _____ Last Name _____

Sex _____ Birth Date (DD/MM/YY) _____ Birth Place _____

Present Nationality _____ Any Other _____

Passport Type : Ordinary Service Diplomatic Alien Others Specify _____

Passport Number _____ Issue Date(DD/MM/YY) _____ Expiry Date (DD/MM/YY) _____

Address Country _____

City _____ Street Name & No _____ P.O. Box _____

Tel. _____ Email Id _____

Mobile* : _____

CHILDREN / DEPENDENTS ON THE SAME PASSPORT

First Name Middle Name Last Name Sex Birth Date Birth Place

1. _____

2. _____

3. _____

CURRENT REQUEST

Place of Request _____ Request Visa Type _____ Duration (Days) _____

Entries : Single Double Multiple Number of Supporting Docs. _____

Purpose of visit : Business Investment Employment Tourist

Type of Business _____ Company Name _____

Type of Employment _____ Employer/ Company Name _____

Any Other _____

TO BE FILLED BY PROXY / GUARDIAN

First Name Middle Name Last Name Sex Contact Person/Organization

Country _____ City _____ Phone _____

I the undersigned declare that all the above mentioned statements are true to the best of my knowledge.

Full Name and Signature

Request Date

FOR OFFICE USE ONLY

Visa No. _____ Visa Type _____

Place of Issue MUMBAI Date of Issue _____ Date of Expiry _____

Address in Ethiopia : Hotel _____ Tel. _____ Contact Person _____ Phone _____

RECEIPT

Name of the Person / Company : _____

Demand Draft No. / s. : _____

Total amount : _____

Receipt No. : _____ Dated : _____

Purpose of visit : _____