

Embassy of Ethiopia  
48 Derech Menachim Begin St.  
Building B, Floor 8B  
66184 Tel-Aviv, Israel

**VISA APPLICATION FORM**

Tourist  Transit  Entry  Business

1. Name in full \_\_\_\_\_
2. Date & Place of birth \_\_\_\_\_
3. Sex:- male  female
4. Nationality \_\_\_\_\_
5. Permanent address \_\_\_\_\_
6. Home telephone no. \_\_\_\_\_
7. Name, address & telephone no. of Employer in full \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Profession/occupation \_\_\_\_\_
9. Passport or Travel Document No. \_\_\_\_\_
10. Date & Place of Issue \_\_\_\_\_
11. Date of Expiry \_\_\_\_\_
12. Estimated length of stay in Ethiopia \_\_\_\_\_
13. Expected date of arrival \_\_\_\_\_
14. Purpose of travel to Ethiopia \_\_\_\_\_
15. Has applicant visited Ethiopia before? \_\_\_\_\_  
(if so, when? Please state purpose)
16. Persons accompanying on same passport (name, age and relationship)  
A. \_\_\_\_\_ B. \_\_\_\_\_  
C. \_\_\_\_\_ D. \_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**FOR CONSULAR USE ONLY**

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\_\_\_\_\_  
Visa No. \_\_\_\_\_ Date \_\_\_\_\_  
Receipt No. \_\_\_\_\_ Fee Paid \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_