

STATE OF ERITREA  
 DEP.OF IMMIGRATION & NATIONALITY  
 FOREIGNERS VISA APPLICATION FORM

2. PASTE  
 PHOTOGRAPH

(35x45mm)

DO NOT STAPLE

1. REFERENCE N°. \_\_\_\_\_

3. APPLICATION FOR ☐ ENTRY ☐ EXIT ☐ RE-ENTRY ☐ EXTENSION ☐ RENEWAL

PLEASE USE CAPITAL LETTERS

|                                                                                                                                                       |                                             |                |                           |                    |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------|---------------------------|--------------------|-----------|
| 4.0 SURNAME                                                                                                                                           |                                             | GIVEN NAMES    |                           |                    |           |
| 4.1 FORMER OTHER NAME (if different from above)                                                                                                       |                                             |                | 5. MOTHER'S NAME          |                    |           |
| 6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE                                                                                  | 7.0 PLACE OF BIRTH (country) (city or town) |                | 7.1 DATE OF BIRTH / /     |                    |           |
| 8. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED |                                             | 9. OCCUPATION  |                           |                    |           |
| 10. PERMANENT ADDRESS (outside Eritrea)                                                                                                               | Country                                     | City/town      | Street & House No.        | Telephone          |           |
| 11. ADDRESS IN ERITREA                                                                                                                                | Zone                                        | Sub Zone       | City/town                 | Street & House No. | Telephone |
| 12.0 PRESENT NATIONALITY                                                                                                                              |                                             |                | 12.1 NATIONALITY BY BIRTH |                    |           |
| 13. PASSPORT TYPE                                                                                                                                     | Number                                      | Place of Issue | Date of Issue / /         | Date of Expiry / / |           |

**14. ENTRY VISA**

|                         |                                                                                                                                                                                                                                                                                                                      |  |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>14.1<br/>PURPOSE</b> | <input type="checkbox"/> <b>BUSINESS</b><br>Profession _____ Intended period of stay _____<br>Name and address of host _____ Tel. No. _____<br>Nature of your business. _____<br>Funded by _____ <input type="checkbox"/> Copy of host's invitation letter                                                           |  |
|                         | <input type="checkbox"/> <b>EMPLOYMENT</b><br>Profession _____ Name and address of host _____<br><input type="checkbox"/> Copy of a contract agreement with host.                                                                                                                                                    |  |
|                         | <input type="checkbox"/> <b>OFFICIAL</b><br><input type="checkbox"/> Copy of a letter from the Ministry of Foreign Affairs                                                                                                                                                                                           |  |
|                         | <input type="checkbox"/> <b>TOURISM</b><br>Have you visited Eritrea before? <input type="checkbox"/> No <input type="checkbox"/> Yes Year(s) of visit _____<br>Countries visited during the last 5 years _____<br>Places to visit in Eritrea _____<br>Budget for the tour _____ Currency _____ Current Address _____ |  |
|                         | <input type="checkbox"/> <b>STUDENT</b> <input type="checkbox"/> Copy of a letter from the school to enroll.                                                                                                                                                                                                         |  |
|                         | <input type="checkbox"/> <b>FAMILY VISIT</b><br>Name and address of host _____<br>Relationship with the host (family) to visit _____ Intended period of stay _____ <input type="checkbox"/> Copy of invitation letter                                                                                                |  |
|                         | <input type="checkbox"/> <b>TRANSIT</b> . Specify reason for your stay _____<br>Your final destination _____ <input type="checkbox"/> copy of forward air ticket and entry visa to your destination                                                                                                                  |  |
|                         | <input type="checkbox"/> <b>OTHER</b> Specify reason for your visit _____<br>Means of support _____ Intended period of stay _____                                                                                                                                                                                    |  |

### 15. EXIT / RE-ENTRY VISA

|                                                        |                                                                                                                                                                                                                                                  |                      |                       |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
| 15.1 COUNTRY OF DESTINATION                            |                                                                                                                                                                                                                                                  |                      |                       |
| 15.2 RESIDENT PERMIT No.<br>(For residents in Eritrea) | Place of Issue                                                                                                                                                                                                                                   | Date of Issue<br>/ / | Date of Expiry<br>/ / |
| 15.3 PURPOSE                                           | <input type="checkbox"/> EXIT FOR GOOD <input type="checkbox"/> BUSINESS <input type="checkbox"/> OFFICIAL <input type="checkbox"/> TOURISM<br><input type="checkbox"/> TRAINING <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHER |                      |                       |
| 15.4 GOOD FOR                                          | <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE VISA VALID FOR _____                                                                                                                                                           |                      |                       |

### 16. VISA EXTENSION/RENEWAL

|              |                |               |                      |
|--------------|----------------|---------------|----------------------|
| Type of Visa | Place of Issue | Date of Issue | Purpose of Extension |
|--------------|----------------|---------------|----------------------|

### 17. Children (Application must be submitted separately for each passport holder)

| No. | NAME | SEX | PLACE OF BIRTH | DATE OF BIRTH |       |      |
|-----|------|-----|----------------|---------------|-------|------|
|     |      |     |                | DATE          | MONTH | YEAR |
| 1   |      |     |                |               |       |      |
| 2   |      |     |                |               |       |      |
| 3   |      |     |                |               |       |      |

18. I \_\_\_\_\_ certify that I have read and understood all the questions set forth in this application form and the answers I have given are true and correct to the best of my knowledge. .

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 19. FOR OFFICIAL USE ONLY

|                                                                                                      |                |                         |                |
|------------------------------------------------------------------------------------------------------|----------------|-------------------------|----------------|
| 19.1 NAME AND SIGNATURE OF REGISTRAR _____                                                           |                | DATE ____ / ____ / ____ |                |
| 19.2 DECISION TAKEN                                                                                  |                |                         |                |
| VISA GOOD FOR <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE VISA VALID FOR _____ |                |                         |                |
| THE VISA IS EXTENDED/RENEWED UP TO ____ / ____ / ____ (for visa extension/renewal only)              |                |                         |                |
| REMARKS _____                                                                                        |                | AMOUNT TO BE PAID _____ | CURRENCY _____ |
| NAME & SIGNATURE OF AUTHORITY _____                                                                  |                | DATE ____ / ____ / ____ |                |
| RECEIPT No. _____                                                                                    | VISA No. _____ | SEAL →                  |                |
| 19.3. RESERVED FOR CASHIER                                                                           |                |                         |                |

### 20. VERIFICATION

| Reception | Photo capturing | Data Capturing | Cash Receipt | Verification | Printing | Quality Control | Issuance |
|-----------|-----------------|----------------|--------------|--------------|----------|-----------------|----------|
|           |                 |                |              |              |          |                 |          |