



CONSULATE GENERAL OF ETHIOPIA
 3460 WILSHIRE BLVD. SUITE # 308
 LOS ANGELES, CA 90010
 PHONE: 213-365-6651 FAX: 213-365-6670

VISA APPLICATION FORM

YOU MAY FILL THIS FORM ONLINE OR PRINT AND FILL OUT THE FORM USING BLACK PEN

LAST NAME		FIRST NAME		MIDDLE NAME	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH (mm-dd-yy)		COUNTRY OF BIRTH	
CURRENT NATIONALITY		NATIONALITY AT BIRTH			
PASSPORT TYPE <input type="checkbox"/> ORDINARY <input type="checkbox"/> SERVICE <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> TRAVEL DOCUMENT <input type="checkbox"/> OTHER _____					
PASSPORT NUMBER		ISSUE DATE		EXPIRATION DATE	
MAILING ADDRESS:					
CITY		STATE/COUNTRY		ZIP/POSTAL CODE	
DAYTIME TEL. () - () -		9. EVENING TEL. () - () -		FAX () -	
CURRENT OCCUPATION		CURRENT EMPLOYER (ADDRESS & PHONE NO. REQUIRED)			
PURPOSE OF TRAVEL: <input type="checkbox"/> TOURISM/FAMILY VISIT <input type="checkbox"/> BUSINESS <input type="checkbox"/> OFFICIAL <input type="checkbox"/> TRANSIT					
DATE OF DEPARTURE FROM US		DATE OF ARRIVAL IN ETHIOPIA		DURATION OF STAY	
ENTRIES <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> MULTIPLE					
ADDRESS IN ETHIOPIA: HOTEL NAME					
HOTEL PHONE NO.					
CONTACT PERSON IN ETHIOPIA: ADDRESS AND PHONE NUMBER REQUIRED					
IF FAMILY ACCOMMODATION: CITY _____ K/KETEMA (WOREDA) _____ KEBELE _____ HOUSE NO. _____					
CHILDREN/DEPENDENTS ON THE SAME PASSPORT					
NAME OF CHILD		DATE OF BIRTH	GENDER	BIRTH PLACE	DO NOT WRITE IN THIS SPACE FOR OFFICIAL USE ONLY
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.					
APPLICANT'S SIGNATURE: _____		DATE _____			
SIGNATURE OF PERSON PREPARING FORM _____		DATE _____			
				PHOTO ATTACH ONE PASSPORT SIZE PHOTOGRAPH 2" x 2 "	SERVICE DATE
					VISA NO.
					VISA TYPE
					FEE PAID
					RECEIPT NO.
					PROCESSED BY: _____