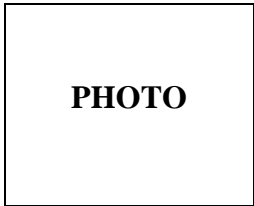




EMBASSY OF THE STATE OF ERITREA
1708 NEW HAMPSHIRE AVENUE, NW
WASHINGTON, DC 20009
TEL: 202-319-1991
FAX: 202-319-1304



APPLICATION FOR ENTRY VISA

1. Full Name (as in passport) _____ 1.1 Sex _____
First Name Father's Name Grand Father's Name
- 1.2 Former Name (if any) _____
2. Place and date of birth _____ 3. Occupation/Profession _____
4. Present Nationality _____ 4.1 Nationality by birth _____
5. Passport type _____ 5.1 Passport No. _____
 5.2 Place and date of issue _____ 5.3 Valid until _____
6. Marital status _____ 6.1 Name of spouse (if married) _____
7. Permanent address _____ 7.1 Telephone _____ (home)
 _____ 7.2 Telephone _____ (work)
8. Purpose of entry Tourism Official Transit Business Employment Student Other
9. Entry desired Single Multiple 10. Expected date of arrival _____ 10.1 Period of stay _____
11. Addresses in Eritrea _____ 11.1 Telephone in Eritrea _____
12. Reference in Eritrea _____ 12.1 Telephone of Reference _____
13. Place and date of previous visits to Eritrea _____
14. Name of person traveling on the same passport _____

No.	Full Name	Sex	Place and Date of Birth

I declare that the information given above is 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 and Signature of Authority _____		