



EMBASSY OF ETHIOPIA IN CANBERRA
 ETHIOPIA
 CONSULAR OFFICE
 CANBERRA
 PASSPORT AND VISA SERVICES

THE EMBASSY OF
 3 SIRIUS PLACE, RED HILL, ACT. 2603,

Visa Application Form

Tel. +61262959984 Fax
 +61262608894
 email. info@ethiopianembassy.net

PLEASE TYPE OR PRINT YOUR DETAILS IN THE SPACE PROVIDED BELOW EACH ITEM					REQUEST NO:	
FIRST NAME		MIDDLE NAME		LAST NAME		
SEX MALE FEMALE		DATE OF BIRTH D...../ M..... /Y.....		COUNTRY OF BIRTH.....		
CURRENT NATIONALITY				ORIGINAL NATIONALITY(NATIONALITY AT BIRTH)		
PASSPORT TYPE OTHER		ORDINARY SERVICE		DIPLOMATIC TRAVEL DOCUMENT		
PASSPORT NUMBER		ISSUE DATE D...../M...../Y.....		EXPIRATION DATE D...../M...../Y.....		
HOME/MAILING ADDRESS						
CITY/TOWN.....		STATE/REGION		ZIP/POSTAL CODE.....		COUNTRY.....
TELEPHONE NUMBER					E-MAIL	
CURRENT OCCUPATION						
PURPOSE OF TRAVEL OTHER		TOURISM/FAMILY VISIT BUSINESS		OFFICIAL TRANSIT		
DATE OF DEPARTURE FROM AUSTRALIA			DATE OF ARRIVAL IN ETHIOPIA.....		BOARDER OF FIRST ENTRY.....	
DURATION OF STAY IN ETHIOPIA				ENTRIES: SINGLE DOUBLE		MULTIPLE
ADDRESS IN ETHIOPIA HOTEL: HOTEL NAME:..... HOTEL TELEPHONE NUMBER						
CONTACT PERSON IN ETHIOPIA						
TELEPHONE NUMBER						
FAMILY ACCOMODATION		CITY..... ZONE.....		REGION		
		KEBELE		K.KETEMA (WOREDA)		
		TELEPHONE		HOUSE NO:		
CHILDREN / DEPENDENTS ON THE SAME PASSPORT						
FIRST NAME	MIDDLE NAME	LAST NAME		SEX	BIRTH DATE (DD/MM/YY)	BIRTH PLACE



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3						
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I, THE UNDER SIGNED, DECLARE THAT ALL THE ABOVE MENTIONED STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S NAME APPLICANT'S
 SIGNATURE DATE

DO NOT WRITE ON THIS SPACE
 FOR OFFICE USE ONLY

VISA NUMBER	VISA TYPE	DATE OF ISSUE	EXPIRATION DATE
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PROCESSED BY NAME SIGNATURE
 DATE

APPROVED BY NAME SIGNATURE
 DATE