

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 ☐ MALE ☐ FEMALE	7.0 PLACE OF BIRTH (country) (city or town)	7.1 DATE OF BIRTH / /	
8. MARITAL STATUS ☐ MARRIED ☐ DIVORCED ☐ SINGLE ☐ 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

14.1
PURPOSE

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

15. EXIT / RE-ENTRY VISA			
15.1 COUNTRY OF DESTINATION			
15.2 RESIDENT PERMIT No. (For residents in Eritrea)	Place of Issue	Date of Issue / /	Date of Expiry / /
15.3 PURPOSE	☐ EXIT FOR GOOD ☐ TRAINING	☐ BUSINESS ☐ MEDICAL	☐ OFFICIAL ☐ OTHER ☐ TOURISM
15.4 GOOD FOR	☐ SINGLE ☐ 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 ☐ SINGLE ☐ 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