



## VISA APPLICATION FORM

Please print your answer in the space provided below each item.

1. Last name		2. Middle name		3. First name	
4. Date of birth (DD/MM/YY)			5. Place of birth (City and Country)		
5. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>			6. Nationality: Canadian <input type="checkbox"/> Other <input type="checkbox"/> If the applicant is not a Canadian, please specify here your nationality _____; as well as current status in Canada _____		
7. Address					
7.1 City		7.2 Province			
7.3 Postal code		8. Home phone number. Area code ( )			
9. Cell no. Area code ( )		10. Email			
11. Profession		12. Name of employer			
13. Work address		13.1 City			
13.2 Postal code		13.3 Work phone number. Area code ( )			
14. Passport/Travel document number		14.1 Date of issue (DD/MM/YY)			
14.2 Place of issue		14.3 Date of expiry (DD/MM/YY)			
15. Purpose of trip to Ethiopia. Tourist <input type="checkbox"/> Business <input type="checkbox"/> Official <input type="checkbox"/> Transit <input type="checkbox"/>		16. Expected date of arrival (DD/MM/YY)			
17. Estimated length of stay in Ethiopia.					
18. Applicant's contact information in Ethiopia.					
20. Has the applicant been in Ethiopia before?		20.1 If answer to Q. 20 is yes, please specify date of a previous trip. (MM/DD/YY)			
21. Are children under the age of 18 years accompanying the applicant in this trip?					
22. If the answer to Q. 21 is yes, please specify the number of children traveling with and their relation with the applicant.					
23. This application form is prepared by: Applicant <input type="checkbox"/> Parent <input type="checkbox"/> Proxy <input type="checkbox"/> Guardian <input type="checkbox"/>					
I hereby certify that the above statements are true to the best of my knowledge					
Date _____			Applicant's Signature _____		
For Consular Section use Only					
Comments _____					
Date _____ Name _____ Signature _____					

**Do not write in this space  
For office use only**

Visa number: \_\_\_\_\_

Visa type: \_\_\_\_\_

Issue date: \_\_\_\_\_

Date of expiry: \_\_\_\_\_

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**PHOTOGRAPH**

Attach one passport size  
picture with your name  
written on the back.