



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:

PHOTOGRAPH

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