

ሃገረ ኤርትራ
STATE OF ERITREA
ክፍለ ኢሚግሬሽንን ዜግነትን
DEPT. OF IMMIGRATION & NATIONALITY
መሕትት ንመጻተዊ ሺዛ
APPLICATION FORM FOR ENTRY VISA

ቁጽረ መለለይ ኢሚግሬሽን
IMMIGRATION IDENTITY No.

1	ምሉእ ስም (ከም ፓስፖርት) FULL NAME (AS IN PASSPORT)	2	ጾታ/SEX <input type="checkbox"/> ተባ MALE <input type="checkbox"/> እና FEMALE
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3	አቅዲሙ ዝነበረ ወይ ካልእ ስም (ዝተፈለየ) FORMER/OTHER NAME (If different from above)
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4	ቦታ ልደት PLACE OF BIRTH	ከተማ CITY OR TOWN	ዕለት ልደት DATE OF BIRTH	ዕለት DATE	ወርሒ MONTH	ዓመት YEAR	5	ስራሕ OCCUPATION
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6	ህልዊ ዜግነት PRESENT NATIONALITY	7	ዓይነትን ቁጽሩን ፓስፖርት PASSPORT TYPE & No.
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8	ፓስፖርት ዝተዋህበሉ ቦታ PLACE OF ISSUE OF PASSPORT	ፓስፖርት ዝተዋህበሉ ዕለት DATE OF ISSUE OF PASSAPORT	8.1	ፓስፖርት ዝወድቀሉ ዕለት DATE OF EXPIRY OF PASSAPORT
		ዕለት DATE	ወርሒ MONTH	ዓመት YEAR
		ዕለት DATE	ወርሒ MONTH	ዓመት YEAR

9	ቀዋሚ ኢድራሻ PERMANENT ADDRESS:	ሃገር/COUNTRY	ከተማ CITY OR TOWN	ጎደናን ቁጽረ ገዛን STREET AND NUMBER	ቁ. ቴሌፎን TEL. No.
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10	ኢድራሻ ኣብ ኤርትራ ADDRESS IN ERITREA	ከተማ CITY OR TOWN	ጎደናን ቁጽረ ገዛን STREET AND NUMBER	ቁ. ቴሌፎን TEL. No.
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11	ብዛዕባ ኣታተ/ት ዝሕትት ሰብ/ኣካል REFERENCE IN ERITREA
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ኢድራሻ ADDRESS	ከተማ CITY OR TOWN	ጎደናን ቁጽረ ገዛን STREET AND NUMBER	ቁ. ቴሌፎን TEL. No.
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12	ምክንያት መጻተዊ PURPOSE OF ENTRY	<input type="checkbox"/> ዑደት TOURISM	<input type="checkbox"/> ወግዓዊ OFFICIAL	<input type="checkbox"/> ዋህን BUSINESS	<input type="checkbox"/> ስራሕ EMPLOYMENT
		<input type="checkbox"/> ትምህርቲ STUDENT	<input type="checkbox"/> ዘመድ ምብጻሕ FAMILY VISIT	<input type="checkbox"/> ካልእ OTHER	

13	ዝድለ መጻተዊ ENTRY DESIRED	<input type="checkbox"/> ንጽል SINGLE	<input type="checkbox"/> ብዙሕ MULTIPLE	14	ዝጸንሓሉ ግዜ PERIOD OF STAY:
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15	ኣስማት ብሓድ ሰነድ ዝገኙ PERSONS TRAVELLING ON THE SAME PASSPORT:
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ተ.ቁ No.	ስም NAME	ጾታ SEX	ዕለት ልደት DATE OF BIRTH			ቦታ ልደት PLACE OF BIRTH
			ዕለት DATE	ወርሒ MONTH	ዓመት YEAR	

16	እኔ I CORRECT AND COMPLETE	ኩሉ ዝሃብኩዎ ኣበራታ ቅኑዕን ምሉእን ምኻኑ ኣረጋግጽ። DECLARE THAT THE INFORMATION GIVEN ABOVE IS
	ቦታ PLACE	ዕለት DATE
		ክታም SIGNATURE

17 ንባዕል መዚ ጥራይ ዝምልከት / FOR OFFICIAL USE ONLY

ዝተወሰደ ውሳኔ DECISION TAKEN

ቁ. መጻተዊ ሺዛ ENTRY PERMIT No.

ርእይቶ REMARKS

ዕለት DATE	ስም ባዕል መዚ NAME OF AUTHORITY	ክታም ባዕል መዚ / SIGNATURE OF AUTHORITY
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STATE OF ERITREA
MINISTRY OF FOREIGN AFFAIRS
IDENTITY CLARIFICATION FORM

THE ERITREAN EMBASSY OR MISSION: Australia- Melbourne Code _____

Ref.No. _____ Date ____/____/____

To:- THE DEP.OF IMMIGRATION & NATIONALITY ALIENS DIVISION

1. FULL NAME OF APPLICANT AS IN PASSPORT [PERSON WHO REQUESTS ENTRY VISA]
_____ 2. SEX _____

3. PRESENT NATIONALITY _____ 3.1 NATIONALITY BY BIRTH _____

3.2 OTHER NATIONALITY IF ANY _____ 4. DATE OF BIRTH ____/____/____

5. PASSPORT NO. _____ 6. PASSPORT EXPIRATION DATE ____/____/____

7. APPLICANT'S CONTACT

7.1. ADDRESS:- _____ 7.2 PHONE:- _____

8. REFERENCE IN ERITREA

8.1. NAME _____ 8.1. PHONE:- _____

9. APPLICANT SIGNATURE _____ 9.1. DATE ____/____/____

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10. አብ ላዕሊ መእተዊ ሺዛ ክወሃቦ ዝሓትት ተገልጋሊ ዝተገብረ ደቂቕ ምጽራይ፡ ማለት ብዘይካቲ ብወግዒ ንምእታው ዘቕርቦ ምክንያት ካልእ ዕላማ ከይህልዎ ዝፍትሽ እዩ። እዚ ክፋል'ዚ ብትግርኛ ወይ ብዓረብ ክምላእ ይከኣል።

Series of horizontal dashed lines for official use.

N.B. passport copy should be attached with this form

Official Stamp
↓

Name of Authority

Signature of Authority
