



STATE OF ERITREA
DEPT. OF IMMIGRATION & NATIONALITY
APPLICATION FORM FOR ENTRY VISA
TO BE FILLED BY A HOST PERSON OR ORGANISATION

Form B623.1

IMMIGRATION IDENTITY No. _____

HOST PERSON OR ORGANISATION IN ERITREA _____

INFORMATION ABOUT THE PERSON INVITED

1. FULL NAME (AS IN PASSPORT) _____ 2. SEX _____

3. FORMER/OTHER NAME (If different from above) _____

4. PLACE OF BIRTH:- COUNTRY _____ CITY OR TOWN _____ 4.1 DATE OF BIRTH ____/____/____

5. OCCUPATION _____ 6. PRESENT NATIONALITY _____ 6.1 NATIONALITY BY BIRTH _____

6.2 OTHER NATIONALITIES IF ANY _____

7. PASSPORT:- TYPE _____ 7.1 NUMBER _____ 7.2. PLACE OF ISSUE _____

7.3. DATE OF ISSUE ____/____/____ 7.4 DATE OF EXPIRY ____/____/____

8. PERMANENT ADDRESS:-

COUNTRY _____ CITY/TOWN _____ STREET _____ HOUSE NO. _____ TEL. _____

9. ADDRESS IN ERITREA:- CITY/TOWN _____ STREET _____ HOUSE No. _____ TEL. _____

10. ADDRESS OF HOST ORGANISATION OR PERSON IN ERITREA:-

CITY/TOWN _____ STREET _____ HOUSE NO. _____ TEL. _____

11. PURPOSE OF ENTRY:- TOURISM OFFICIAL BUSINESS EMPLOYMENT
 STUDENT FAMILY VISIT TRANSIT OTHER

11.1 IF BUSINESS PLEASE GIVE DETAILS _____

12. ENTRY DESIRED SINGLE MULTIPLE 13. PERIOD OF STAY _____

14. PERSONS TRAVELLING ON THE SAME PASSPORT

NO.	NAME	SEX	DATE OF BIRTH			PLACE OF BIRTH
			DATE	MONTH	YEAR	

15. I THE REPRESENTATIVE OF THE HOST ORGANISATION OR INDIVIDUAL PERSON DECLARE THAT THE INFORMATION GIVEN ABOVE IS CORRECT AND COMPLETE.

NAME _____ DATE ____/____/____ SIGNATURE _____

16. FOR OFFICIAL USE ONLY

DECISION TAKEN _____

ENTRY VISA No. _____ REMARK _____

DATE ____/____/____ NAME OF AUTHORITY _____ SIGNATURE _____



Form 62.7.3

STATE OF ERITREA
MINISTRY OF FOREIGN AFFAIRS
IDENTITY CLARIFICATION FORM

THE ERITREAN EMBASSY OR MISSION _____ 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 NATIONALITIES IF ANY _____ 4. DATE OF BIRTH ____/____/____

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

7. APPLICANT'S SIGNATURE _____ 7.1 DATE ____/____/____

FOR OFFICIAL USE ONLY

7. ለብሔራዊ መንግሥት የሚገባው ሰነድ ለማረጋገጥ ይገባል።
የሰነድ ቁጥር ማረጋገጥ ለማድረግ ማስገባት ይገባል።
የሰነድ ቁጥር ማረጋገጥ ለማድረግ ማስገባት ይገባል።

بالإضافة إلى البحث التفصيلي لأسباب الزيارة المذكورة من مقدم الطلب. هذا الجزء
يكتب باللغة العربية أو الإنجليزية إذا كانت هناك شكوك أو هدف آخر يتناك سبب
الزيارة المذكورة رسمياً.

Multiple horizontal lines for official use only.

NB Passport copy should be attached with this form

Official stamp



Name of authority

Signature of authority
