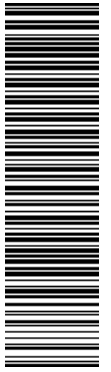


Mail documents to: VisaHQ.co.uk Ltd.
24 Tufton Street
London SW1P 3RB
Tel: 4420 4577 3307



Ethiopia Tourist E-visa Application



Please enter your contact information

Name:

Email:

Tel:

Mobile:

The latest date you need your passport returned in time for your travel:

E-Visa services are now open for processing

Embassy of Ethiopia is not processing any visas except for the diplomatic visas

Travelers should enter via Addis Ababa Bole International Airport. Entry via other ports is not allowed.

Nationals of African States who can't make e-Visa payment online can apply online and make the payment on arrival at Addis Ababa Bole International Airport in cash.



Ethiopia tourist e-visa checklist



Filled out and signed Ethiopia tourist e-visa application form. The form is enclosed.



Passport. A copy of your passport that must be valid for at least 6 months from the date you intend to enter Ethiopia.



Passport size-photo. One passport-size photo.



Payment. Credit Card Authorization form, Postal Order payable to **VisaHQ.co.uk**.

The validity of Ethiopian e-Visa starts from the date you intend to enter Ethiopia (not from the date of issue).

If you are not national of the countries listed as 'Eligible countries' and you claim that you have a permanent residence permit in one of these countries, you are required to upload the residence permit while submitting your application and you must show it to the Immigration officers on your arrival at the entry point.

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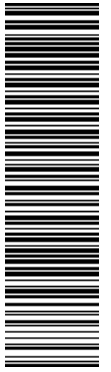
Ethiopia Tourist E-visa Application

	Type of visa	Validity	Processing time	Embassy fee	Service fee	VAT	Total
	Single entry	up to 30 days	3 business days	£39.00	£65.00	£13.00	£117.00
	Single entry	up to 90 days	3 business days	£54.00	£65.00	£13.00	£132.00

This order is subject to Terms of Service, posted on VisaHQ website.
All fees and requirements may change without notice.

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24 Tufton Street
London SW1P 3RB

Tel: 4420 4577 3307



Credit card authorization form

By signing this form i accept VisaHQ.co.uk Terms of Service and authorize to charge my credit card for the amount of £

Name on the Credit Card:

Credit card number:

Exp. date:

Credit Card Billing Address:

-

-

-

/

CVC:

Signature:

Comments:

Thank you!
We accept all major credit cards.



EMBASSY OF ETHIOPIA, LONDON
CONSULAR OFFICE
PASSPORT & VISA SERVICES



17 PRINCES GATE TEL: 020 7589 7212
LONDON SW7 1PZ FAX: 020 7584 7054
www.ethioembassy.org.uk
E-MAIL: info@ethioemb.org.uk

VISA APPLICATION FORM

PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM. USE BLACK OR BLUE INK ONLY

1. TITLE	2. SURNAME	3. GIVEN NAMES		
4. HOME ADDRESS				5. CITY/TOWN
6. COUNTY		7. POSTAL CODE		8. COUNTRY
9. DAYTIME TELEPHONE NO.	10. EVENING TELEPHONE NO.	11. FAX NUMBER	12. E-MAIL ADDRESS	
13. OCCUPATION		14. SPECIFIC FIELD OF STUDY/BUSINESS		
15. NATIONALITY	16. DATE OF BIRTH (DD/MM/YY)	17. CITY/TOWN OF BIRTH	18. COUNTRY OF BIRTH	
19. PURPOSE OF VISIT (IF OTHER, PLEASE STATE PURPOSE) TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> TRANSIT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER				
20. TYPE OF ENTRY SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> (TRANSIT ONLY) (EXCLUDES TRANSIT)		21. DOCUMENT TYPE PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT <input type="checkbox"/>		
22. DOCUMENT NUMBER		23. DATE OF ISSUE		
24. COUNTRY OF ISSUE	25. CITY OF ISSUE	26. DATE OF EXPIRY		
27. LENGTH OF STAY (IN DAYS)	28. DATE OF ENTRY	29. DATE OF DEPARTURE		
30. WHERE DO YOU PLAN TO STAY? ADDRESS:				
31. CONTACT NAME:		32. TELEPHONE NO.:		
33. HAVE YOU BEEN TO ETHIOPIA BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		34. IF YES, HOW LONG DID YOU STAY? FROM: TO:		
35. IF YES, WHERE DID YOU STAY? ADDRESS:				
36. CONTACT NAME:		37. TELEPHONE NO.:		
38. WHAT WAS THE PURPOSE OF THE VISIT? TOURIST <input type="checkbox"/> BUSINESS <input type="checkbox"/> TRANSIT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> OTHER <input type="checkbox"/>				
EMPLOYER OR SCHOOL INFORMATION				
39. EMPLOYER OR SCHOOL NAME		40. EMPLOYER OR SCHOOL TEL.		
41. EMPLOYER OR SCHOOL ADDRESS				
42. CHILDREN / DEPENDENTS ON THE SAME PASSPORT				
SURNAME	GIVEN NAMES	SEX	DATE OF BIRTH (DD/MM/YY)	PLACE OF BIRTH

DO NOT WRITE IN THIS SPACE FOR OFFICIAL USE ONLY

VISA NUMBER

ISSUE DATE

VALID UNTIL

GRATIS
YES NO

FEE PAID

RECEIPT NO.

PHOTOGRAPH

Attach one photograph with your name written in CAPITALS on the back.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANTS SIGNATURE: _____ DATE: _____

If a travel agency or another person on your behalf has prepared this application, they should indicate the name and address of the agency or person with the appropriate signature of the individual preparing the form.

SIGNATURE OF PERSON PREPARING FORM: _____ DATE: _____