

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

Tel: 4420 4577 3307



## **Ethiopia Tourist E-visa Application**

Please e	nter your contact information
Name:	
Email:	
Tel:	Mobile:
The latest date you	need your passport returned in time for your travel:
E-Visa services are no	w open for processing
Embassy of Ethiopia is	s not processing any visas except for the diplomatic visas
Fravelers should enter	r via Addis Ababa Bole International Airport. Entry via other ports is not allowed.
Nationals of African St Ababa Bole Internatio	tates who can't make e-Visa payment online can apply online and make the payment on arrival at Addis nal Airport in cash.
Ethiopia t	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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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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## 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:	1	CVC:
Credit Card Billing Address:		
Signature:		

Comments:





EMBASSY OF ETHIOPIA, LONDON CONSULAR OFFICE PASSPORT & VISA SERVICES



Form EE-10/2004

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 TYP	E OR PRINT YOUR AN	SWER IN THE SPACE	PROVIDED BELOW	EACH ITEM. USE BL	ACK OR BLUE INK ONLY
1. TITLE 2. SURN	AME	3. GIVEN NAMES			
4. HOME ADDRESS					5. CITY/TOWN
6. COUNTY		7. POSTAL CODE		8. COUN	TRY
9. DAYTIME TELEPHONE NO	D. 10. EVENING	ELEPHONE NO. 1	1. FAX NUMBER	12. E-MAIL AD	DRESS
13. OCCUPATION		14. s	PECIFIC FIELD OF ST	UDY/BUSINESS	
15. NATIONALITY	16. DATE OF E	BIRTH (DD/MM/YY)	17. CITY/TOW	N OF BIRTH	18. COUNTRY OF BIRTH
19. PURPOSE OF VISIT (IF					
TOURIST DUSINESS	TRANSIT	DIPLOMATIC	OFFICIAL OT	HER	
20. TYPE OF ENTRY SINGLE DOUBL	ғ П миітір		21. DOCUMENT TYPI		TRAVEL DOCUMENT
(TRANSIT 22. DOCUMENT NUMBER	ONLY) (EXCLUDES	TRANSIT)	23. DATE OF ISSUE		
					DO NOT WRITE IN THIS SPACE
24. COUNTRY OF ISSUE	25. CITY OF	ISSUE	26. DATE OF EX	PIRY	FOR OFFICIAL USE ONLY
27.LENGTH OF STAY (IN D	AYS) 28. DATE O	F ENTRY	29. DATE OF DI	EPARTURE	VISA NUMBER
30. WHERE DO YOU PLAN	TO STAY?				-
ADDRESS:					ISSUE DATE
31. CONTACT NAME:		3	32. TELEPHONE NO.:		
33. HAVE YOU BEEN TO ET YES □ ►	HIOPIA BEFORE?		STAY?	W LONG DID YOU	VALID UNTIL
35. IF YES, WHERE DID YO	U STAY?		FROM:	TO:	GRATIS
ADDRESS:					YES NO
36. CONTACT NAME:		3	7. TELEPHONE NO.	:	FEE PAID
38. WHAT WAS THE PURPC				THER	
		R SCHOOL INFORMAT			RECEIPT NO.
39. EMPLOYER OR SCHOO			40. EMPLOYER OR S	CHOOL TEL.	
41. EMPLOYER OR SCHOO	LADDRESS	_			
42. CHILDREN / DEPENDE					PHOTOGRAPH
	GIVEN NAMES		EX DATE OF	PLACE OF	Attach one photograph
SURVAIME			BIRTH (DD/MM/YY)	BIRTH	with your name written in CAPITALS on the back.
					I
I CERTIFY THAT THE ABOV	/E INFORMATION IS C	ORRECT AND TRUE T	O THE BEST OF MY K	NOWLEDGE AND B	ELIEF.
APPLICANTS	DATE:				
If a travel agency or another p appropriate signature of the in			on, they should indicate	the name and address	of the agency or person with the
SIGNATURE C	OF PERSON PREPA	RING FORM:			DATE: