Toll Free 1.888.596.6028 Tel 703.351.0992 Fax 703.351.0995

Email info@passportvisasexpress.com Website www.passportvisasexpress.com



1. VISA REQUIREMENTS PER INDIVIL				
Please send the following to Passport Visas	Express.com:			
☐ Valid, signed passport (must have at leas	t 6 months validity remaining and	1 blank visa page).		
Completed and signed visa application fo		, ,		
One passport photograph.				
Copy of your flight itinerary showing your	entry and exit dates from Ethiopia	a.		
Completed contact/payment form (this pa				
completed contactpaymont form (and pa	90).			
2. VISA FEES:				
30 day stay, multiple entry, valid 2 years	from data of issue (MUST enter	within the first 3 months of issue)		
SERVICE REQUESTED	COST	PLEASE MARK SELECTION		
	\$125.00*	PLEASE MARK SELECTION		
Regular processing				
Rush- less than 2 week processing	\$135.00*	at the above we with earlier of the		
*Cost includes all consular fees, service fees	and FedEx delivery. *Consular fees subje	ect to change without notice.		
3. PAYMENT METHOD:				
By check or money order:	Dloggo mako fago navablo bi	uto Bassnort Visas Evange com		
by check of money order.	Please make lees payable by	y to Passport Visas Express.com		
Consider and	□ Vian □ MantarOn			
Credit card:	☐ Visa ☐ MasterCa	ard Amex		
Card number:				
Exp. Date:				
Your name as appears on ca				
Billing Address (☐ mark if same	as shipping address):			
Cardholder signature: Cardholder acknowledges receipt of goods and/or services in the am				
Cardnoider acknowledges receipt or goods and/or services in the arr	lount of the Total shown hereon and agrees to perform the o	boligations set forth in the Cardholder's agreement with the issuer.		
4. ADDRESS TO RETURN PASSPORT	r. 6 G	SEND VISA KIT TO:		
FedEx cannot ship to a PO Box	<u>. </u>	SEND VISA KIT TO.		
Fedex cannot ship to a PO Box				
Nicola				
Name:		_		
Street address:		sport Visas <i>Express</i> .com		
City: 1911 North Fort Myer Drive				
State:	Suite	e 104		
Zip:	Arlin	igton, VA 22209		
Tel:	1-88	88-596-6028		
Email:				
ETHIOPIA		Wilderness Travel		
Capital City Addis Aba	ha	mucinos Have		
Capital City / Addis /Abb				

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Temperate in the highlands; hot in the lowlands

Amharic, Tigrinya, Orominga, Guaraginga, Somali, Arabic

Languages

Climate

VISA APPLICATION FORM

Embassy of Ethiopia 3506 International Drive, N.W. Washington, D.C. 20008 (202) 364-1200

PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM. REC.						Request No.	quest No.			
First Name					Last i	Last Name				
Sex Male Female	E D	DATE OF BIRTH D/M/YY COUNTRY					оғ Віктн			
Current Nationality Original Nationality (Nationality at Birth)										
Passport Type Ordinary Service Diplomatic Travel Document Other										
Passport Number Issue Date D. /M. /YY. Expiration Date D. /M. /YY.										
Home/Mailing Address										
City/Town	STATE/REGIO	STATE/REGION ZIP/PO			CODE COUNTRY					
DAY TEL.	EVENING TEL	VENING TEL. FAX			7					
Current Occupation										
Purpose of Travel										
DATE OF DEPARTURE FROM USA	E OF DEPARTURE FROM USA DATE OF ARRIVAL IN ETHIOPIA BORDER OF FIRST ENTRY									
DURATION OF STAY IN ETHIOPIA	Entries: Single						Double	☐ MULTIPLE		
Address in Ethiopia Hotel: Hotel Name Hotel Telephone Number										
CONTACT PERSON IN ETHIOPIA								РНОТО		
Telephone Number	Attach one passport size									
ACCOMMODATION:	REGION PHOTOGRAPH.									
	K. Ketema (Woreda) Write your name on the back of the photograph									
			TOUSE INO					PHOTOGRAPH.		
CHILDREN/DEPENDENTS	ON THE SAM	ME PASSPORT								
First Name	Middle		LAST NAME SEX				Оате	Birth Place		
	MIDDEE	T WHITE	LASI IVAME		- BEA	(D/M/	YYY)	BIRTH I EXCE		
2										
3										
4										
5										
I, THE UNDERSIGNED, DECLARE THAT A	L THE ABOVE-MEN	NTIONED STATEMENTS A	RE TRUE TO	THE BEST OF M	IY KNOWLEDO	E.				
APPLICANT'S NAME. APPLICANT'S SIGNATURE						Date				
Do Not Write in This Space For Official Use Only/ To Be Filled in at Head Office										
Visa Number	VISA TYPE	VISA TYPE				Expiration Date				
PROCESSED BY NAME	SIGNATURE DATE									
Approved By Name	Signature			Date						