

## Embassy of the Republic of Somaliland to Ethiopia P.o.Box: 26154 Addis-Ababa, Ethiopia VISA APPLICATION FORM

'Visa appl	ication No_	
Date		

This form must be completed in English. You may use blue or black ink. For a short stay and long stay applicants must complete all the questions on this form.

Please send with this form:-

- a) The correct fee (entry clearance fees will not be refunded)
- b) One passport sized photograph (not more than six months old)
- c) Valid passport with period of validity minimum six months.

A separate form should be completed by every person intending to travel unless you are a dependent under sixteen years included on your parent's passport.

## **PART ONE:**

A- Which type of visa are you applying for? Mark the relevant Visa you are applying:

-Dipioniane vis	a	
-Official Visa.		
-Tourist Visa.		
-Study Visa.		
-Business Visa		

- Visit Visa (Specify)\_\_\_

Diplomatic Vica

-Transit visa.

1 month	3 months	6 months	1 year	
C-What is the mai	in purpose of your	visit to Somaliland?	•	
<i>'</i>	trip, what can of Buness Type, Address,	, ,	O	
d) On which date	do you wish to trav	el to Somaliland? B	y land or by air	?
e) Your contact in	Somaliland?			
Name:				
Org:				
Tell:				
Occupation:				
F) What is your	next destination?			

## PART TWO: ABOUT YOU:

1-Full name (s) (as shown in y	your passport):	2-Family name (as sh	nown in your passport):
3-Other names (Any that you have	been known by)	4-SEX (Mark th	ne box with 'x' mark) Female
5- MARITAL STATUS? 6	-Date of Birth	7-Place of Birth	8-Country of Birth
Single Married			
9- Nationality	10- Do you hold	, or have you ever held,	any other nationalities?
11-What are your current personal circum	nstances?		
Employed			
Unemployed			
Student			
Other, Please gives details			
12- What is your present work or jo	b or occupation?		
13- What is the name of the compar	<u>-</u>	ou work for?	
14- What is your work address?	<u>, , , , , , , , , , , , , , , , , , , </u>		
15- What are your employer's telep	hone numbers?		
16- What is your employer's email	I		
17- Please give details of any additi		ations vou have?	
3		J	
Applications signature	Date:		

## PASSPORT INFORMATION:

Enter detail	s of the p	assport or travel d	ocument that you wi	ll use to travel to Som	<u>aliland</u>
1- Current p	oassport (	or travel documen	t number		
2-Place of is	ssue	3- Issuing Author	rity 4-Date of issue	5-Date of expiry	
6- Is this y	our first j	passport? Yes	No		
7- Please gi	ve details	s of any previous <sub>l</sub>	passport?		
PART THR	EE: Your	contact details			
1- Your full	resident	ial address and po	estal code 2	- How long have you	lived at this address
			3 	- Home/Office landli	ne telephone number
4- Your mol	oile phor	ne number		- Emails address:	
		FOR C	FFICIAL USE	ONLY:	
e of visa					
of issued					
ry date			Authority signature:	••••••	