



EMBASSY OF THE STATE OF ERITREA
STOCKHOLM, SWEDEN

ንፍሉይ ወረቆት መሕለፊ (ላሸፓሴ) መሕተቲ ቅጂ
APPLICATION FOR LAISSEZ-PASSER

1. ምሉእ ስም: _____ 1.1 ጾታ _____
Full Name Sex

1.2 አቅዲሙ ዝነበረ ስም _____
Former Name

2. ቦታ ልደት _____ 2.1 ዓዲ/ከተማ _____ 2.2 ዞባ _____
Place of Birth Village/City Zone

3. ዕለት ልደት _____ ዕለት _____ ወርሒ _____ ዓ/ም _____
Date of Birth Date Month Year

4. ምሉእ ስም አደ _____
Mother's Name

5. ቁ ወረቆት መንነት _____ 6. ስራሕ _____
I.D. Card No. Occupation

7. አድራሻ: _____
Address

7.1 ቁ.ተሌፎን: _____
Telephone No.

8. ከኅታት ሓዳር ምርዕው/ቲ ፍቱሕ/ቲ ዘይምርዕው/ቲ በዓል ቤቱ/ታ ዝመተቶ/ታ
Marital Status Married Divorcee Single Widowed

9. ምክንያት መገኛ _____
Purpose of Travel

ኩሉ ዝሃብክዎ ሓበሬታ ቅኑዕን ምሉእን ምዃኑ አረጋግጽ።
I declare that the information given above is correct and complete to the best of my knowledge.

ቦታ _____ ዕለት _____ ክታም ሓታቲ _____
Place Date Signature

መዓል መዚ ጥራይ ዝጥቀሙሉ
FOR OFFICIAL USE ONLY

ዝተወሰደ ውሳኔ _____
Decision taken

ቁ. ላሸፓሴ _____ አገልግሎት ላሸፓሴ _____
No. of Laissez-Passer Validity

ዕለት _____ ስምን ክታምን በዓል መዚ _____
Date Name & Signature of Authority