



Form B62.3.1

EMBASSY OF THE STATE OF ERITREA
STOCKHOLM, SWEDEN

IMMIGRATION IDENTITY No. _____

HOST PERSON OR ORGANISATION IN ERITREA _____

INFORMATION ABOUT THE PERSON INVITED

1. FULL NAME (AS IN PASSPORT) _____ 2. SEX _____

3. FORMER/OTHER NAME (If different from above) _____

4. PLACE OF BIRTH:- COUNTRY _____ CITY OR TOWN _____ 4.1 DATE OF BIRTH ____/____/____

5. OCCUPATION _____ 6. PRESENT NATIONALITY _____ 6.1 NATIONALITY BY BIRTH _____

6.2 OTHER NATIONALITIES IF ANY _____

7. PASSPORT:- TYPE _____ 7.1 NUMBER _____ 7.2. PLACE OF ISSUE _____

7.3. DATE OF ISSUE ____/____/____ 7.4 DATE OF EXPIRY ____/____/____

8. PERMANENT ADDRESS:-

COUNTRY _____ CITY /TOWN _____ STREET _____ HOUSE NO. _____ TEL. _____

9. ADDRESS IN ERITREA:- CITY /TOWN _____ STREET _____ HOUSE No. _____ TEL. _____

10. ADDRESS OF HOST ORGANISATION OR PERSON IN ERITREA:-

CITY /TOWN _____ STREET _____ HOUSE NO. _____ TEL. _____

11. PURPOSE OF ENTRY:- TOURISM OFFICIAL BUSINESS EMPLOYMENT

STUDENT FAMILY VISIT TRANSIT OTHER

11.1 IF BUSINESS PLEASE GIVE DETAILS _____

12. ENTRY DESIRED SINGLE MULTIPLE 13. PERIOD OF STAY _____

14. PERSONS TRAVELLING ON THE SAME PASSPORT

NO.	NAME	SEX	DATE OF BIRTH			PLACE OF BIRTH
			DATE	MONTH	YEAR	

15. I THE REPRESENTATIVE OF THE HOST ORGANISATION OR INDIVIDUAL PERSON DECLARE THAT THE INFORMATION GIVEN ABOVE IS CORRECT AND COMPLETE.

NAME _____ DATE ____/____/____ SIGNATURE _____

16. FOR OFFICIAL USE ONLY

DECISION TAKEN _____

ENTRY VISA No. _____ REMARK _____

DATE ____/____/____ NAME OF AUTHORITY _____ SIGNATURE _____