



FORM C NO. B51.9 102009

EMBASSY OF THE STATE OF ERITREA

APPLICATION FOR A LAISSEZ-PASSER

PLEASE USE CAPITAL LETTERS

1.

PASTE PHOTOGRAPH

(35x45)

DO NOT STAPLE

2. _____
NAME2.1 _____
FATHER'S NAME2.2. _____
G/FATHER'S NAME2.3 _____ 2.4 _____
PLACE OF BIRTH DATE OF BIRTH2.5 GENDER M F 2.6 _____ cm 3. _____
HEIGHT ERITREAN ID NO.4. _____ TYPE:- NORMAL SERVICE DIPLOMATIC ALIEN
ERITREAN PASSPORT NO.5. _____ PRESENT NATIONALITY
NATIONALITY BY BIRTH6. _____ 6.1 _____
PERMANENT ADDRESS ZIP CODE / CITY6.2 _____ 6.3 _____
TEL. NO. EMAIL

I DECLARE THAT THE INFORMATION GIVEN ABOVE TO BE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

7. _____ 7.1 _____
DATE APPLICANT'S SIGNATUR

FOR OFFICIAL USE ONLY

8. _____ 9. _____ 10. _____
IMMIGRATION REGISTRATION OFFICE DIN NO. FILE NO.

11. DOCUMENTS PRESENTED BIRTH CERTIFICATE COPY OF NID LOSS REPORT OTHER

12. _____ 12.1 _____ 12.2 _____
NAME OF REGISTRAR DATE SIGNATURE13. _____ ACCEPTED REJECTED
DECISION OF AUTHORITY13.1 _____
SPECIFY REASON IF REJECTED (THIS PART COULD BE FILLEN IN TIGRINGA OR ARABIC)13.2 _____ 13.3 _____
FULL NAME SIGNATURE AND SEAL14. _____ 14.1 _____
AMOUNT RECEIVED CURRENCY15. _____
LAISSEZ-PASSER NO.

16. CHECKING

RECEPTION	PHOTO CAPTURING	DATA CAPTURING	CASH RECEIPT	VERIFICATION PRINTING	QUALITY CONTROL	ISSUANCE