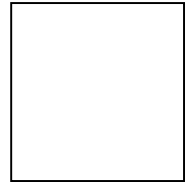




Ethiopia Investment Commission

Information Sheet on Expatriate Workers

Instructions: Please PRINT letters in spaces provided



Ref no: _____

Date: _____

Application Type: New Renewal

Basic Data:

Full Name: _____

Other Name(s): _____

Sex: Male Female Date of birth _____ Nationality _____

Marital status: Single Married Divorced Widow Separated

Passport Number: _____ Date of issue: _____

Visa number: _____ Date of issue: _____

Visa type: Business Others _____

Date of employment: _____ Length of employment: _____

Basic salary (in birr): _____ Monthly allowance (in birr): _____

Name of the region and district/town where the employee is assigned to work: _____

.....

Educational Data:-

Qualification type: Certificate Diploma Degree Others(Specify): _____

Level of qualification: Elementary Junior Secondary Secondary level Secondary complete

Vocational Level Vocational Complete College Level College Complete Post graduate Level

Post Graduate Non-formal education Others _____

Year completed _____ Field of study: _____

Award: Certificate Diploma BA/BSC MA/MSC PHD Other(specify) _____

Professional skill: _____

.....

Year of work experience: Starting Date: _____ End Date: _____

Type of occupation: _____ Occupation Code: _____

Position in the firm: _____

Nature of service: Employee Voluntary Others(specify): _____

Employer Data:

Organization Name: _____

Address- region: _____ Kebele: _____

City/Town: _____ Sub-city/Zone: _____ Wereda: _____

Tele: _____ P.O.Box: _____ Fax: _____

E-mail: _____

Major activity _____ Activity code: _____

Type of organization: Private organization Governmental NGO Religious

Other industry/engagement Agricultural, hunting, forestry & fishing Mining & quarrying

Manufacturing Electricity, gas & water Construction Whole sale & retail trade

Transport, storage & personal services

Number of Ethiopian employees: _____ Number of expatriates: _____

Investment permit or business license number: _____

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Certification

I hereby confirm that all the particulars furnished in this application are free and correct.

Name of the employer or employer's representative: _____

Title _____ Signature _____ Date: _____

.....
For office use only

File number: _____ Application number: _____

Support letter ref.no: _____ Signed by _____

Date of signed: _____

Work permit type: New Renewal Renewal work permit number: _____

Issue/renew date: _____ Expiry date: _____

Residence permit-residence ID: _____

Residence ID issue date: _____ ID expiry date: _____

Approved by _____ Signature: _____

Date approved: _____