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VISA# _____
DATE _____

Consulate General of the Arab Republic of Egypt

1990 Post Oak Blvd., Suite 2180
Houston, Texas 77056
(713)-961-4915

VISA APPLICATION -2000

FIRST NAME _____ LAST NAME _____

PASSPORT NO. _____ DATE OF EXPIRATION _____

DATE OF ISSUE _____ PLACE OF ISSUE _____

NATIONALITY _____ ORIGINAL NATIONALITY _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

OCCUPATION _____ NAME OF COMPANY _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

HAVE YOU EVER VISITED EGYPT BEFORE? _____ IF SO, WHEN? _____

PURPOSE OF THIS TRIP: BUSINESS TOURISM VISIT

DATE OF DEPARTURE FROM US M D Y / / / ARRIVING IN EGYPT M D Y / / /

PORT OF ARRIVAL IN EGYPT _____ PERIOD OF STAY _____

NUMBER OF ENTRIES DESIRED: SINGLE MULTIPLE

REFERENCE IN THE US, (NAME, ADDRESS, AND PHONE OF A RELATIVE OR CLOSE FRIEND)

REFERENCE IN EGYPT, (RELATIVE, FRIEND, BUSINESS ASSOC., HOTEL, OR TOUR LEADER)

I have read & understand all instructions and as a tourist I pledge not to accept work in Egypt with or without remuneration

DATE _____ SIGNATURE _____

THE CONSULATE BEARS NO RESPONSIBILITY FOR DELAY AND/OR LOSS OF PASSPORT IN THE MAIL.