

**MINISTRY OF FOREIGN AFFAIRS OF THE FEDERAL DEMOCRATIC REPUBLIC OF  
EHTIOPIA Diaspora Engagement Affairs Directorate General**

**Diaspora Information Form No-1**

**WELCOME!**

**To ensure we have the information we need to best serve you, please take a few moments to fill out the form below. If you have any questions, please feel free to contact us at any time. Thank you!**

**BASIC INFORMATION**

TITLE       Mr.       Ms.       Mrs.       Miss     Dr.     Prof.

FIRST NAME.....

MIDDLE NAME.....

LAST NAME.....

GENDER     Female  Male

MARTIAL STATUS  Married  Single  Divorced

DATE OF BIRTH [MONTH/DAY/YEAR] .....

PLACE OF BIRTH.....

COUNTRY.....

REGION/STATE/PROVINCE.....

ZONE /WOREDA / CITY.....

PRESENT NATIONALITY.....

**CONTACT & RESIDENCE ADDRESS**

EMAIL.....

HOME PHONE NO.....

MOBILE.....

OFFICE PHONE NO.....

ZIP CODE.....

STREET ADDRESS.....

CITY.....

STATE/PROVINCE.....

COUNTRY.....

**EDUCATION**

LEVEL OF EDUCATION    Diploma    Degree    MSc    PHD    Other

**PROFESSION /OCCUPATION**

PRESENT OCCUPATION.....

AREA OF EXPERTISE.....

YEAR OF EXPERIENCE    1-5 YEARS    6-10 YEARS    11-15 YEARS    16-20 YEARS  
 Other.....

**IF BUSSINESS OWNED, PLEASE ANSWER THE FOLLOWING:**

BUSINESS TYPE    HOTEL    IMPORT & EXPORT    CONSULTANCY     
SUPERMARKET

Other.....

CAPITAL IN BIRR.....

**RELATED DOCUMENTS**

DOCUMENT TYPE    ETHIOPIAN ORIGIN CARD    PASSPORT    BIRTH CIRTIFICATE  
 DRIVING LICENECE    TRAVEL DOCUMENT    LAISSEZ-PASSER

Other.....