



**Consulate General of
The Arab Republic of Egypt
In Los Angeles**
4929 Wilshire blvd # 300
Los Angeles, Ca 90010

**TWO PHOTOS
(SIZE: 2X2)**

V I S A A P P L I C A T I O N

FIRST		M.I.		FAMILY NAME		PASSPORT NO.		PLACE OF ISSUE			
DATE OF BIRTH (MO/DA/YR)				PLACE OF BIRTH				DATE OF ISSUE(MO/DA/YR)		EXPIRATION DATE (MO/DAY/YR)	
PRESENT NATIONALITY				ORIGINAL NATIONALITY				PURPOSE OF YOUR TRIP			
PROFESSION				MARITAL STATUS				DATE OF DEPARTURE FROM USA			
COMPLETE HOME ADDRESS AND TELEPHONE NO.								EXPECTED PORT OF ENTRY AND DATE OF ARRIVAL IN EGYPT			
								HOW LONG WILL YOU STAY IN EGYPT?			
BUSINESS ADDRESS AND TELEPHONE NO. IN USA OR REFERENCE IN USA								HOW MANY TIMES ARE YOU PLANNING TO ENTER EGYPT?			
NAME, ADDRESS OF REFERENCE IN EGYPT (RELATIVE / FRIEND/BUSINESS)								HAVE YOU EVER BEEN TO EGYPT? IF SO, WHEN?			

OFFICE HOURS: Monday to Friday 9:30AM to 3:00PM

REQUIREMENTS (*Incomplete requirements will delay the visa process*):

1. Duly filled and signed Visa Application Form
2. Two (2) passport size photos (size 2x2), with WHITE background. Person must be facing directly at the camera showing both ears.
3. PASSPORT (valid for 6 months from date of entry to Egypt)
4. FEE: \$ 15 per passport for US Citizen in **CASH, Money Order or cashier's check payable to Egyptian Consulate**. Other checks or credit cards are not accepted.
For other nationalities, please contact the Consulate for fees and other requirements.
5. For Non-American, photocopy of greencard.
6. For Business Visa: a letter from the company stating purpose of the trip and financial guarantee of the company.

APPLICANTS BY MAIL:

Send the above requirements (we need the **original passport**) with a self-addressed, prepaid envelope for the return of passport/s.

The Consulate is not responsible for the return of any document/s or passport/s by mail or any loss, delay or damage that may occur in the mailing of document/s or passport/s.

Consulate General of Egypt in Los Angeles

4929 Wilshire Blvd. #300

Los Angeles, CA 90010 Tel. No. (323) 933-9700 Fax: (323)933-9725

I CERTIFY THAT ALL THE STATEMENTS ARE TRUTHFUL AND THAT I AM FULLY AWARE OF ALL REGULATIONS NOTED ABOVE:

Signature: _____

Date: _____