



REPUBLIC OF RWANDA
EMBASSY BERLIN

EB-C-ETD

REQUEST OF EMERGENCY TRAVEL DOCUMENT

SECTION A - Your Details:

GENDER: MS MR

SURNAME: _____

OTHER NAMES: _____

STREET AND HOUSE NR: _____

POSTAL CODE: _____ CITY: _____

COUNTRY: _____

TELEPHONE: _____ E-MAIL: _____

DATE OF BIRTH (D/M/Y): ____ / ____ / ____ PLACE OF BIRTH (If in Rwanda specify only City / Sector/District): _____

LEVEL OF EDUCATION AND DOMAIN: _____

OCCUPATION: _____ POSITION: _____

WORKING PLACE: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME: _____

PHOTO
2 colored biometric
passport
photographs.
Please indicate your
name at the back, in
order to avoid any
confusion.

SECTION B - Purpose of your request:

PLEASE STATE THE PURPOSE OF YOUR REQUEST:

SECTION C - About Your Travel:

DESTINATION: (City / Sector / District)

DEPARTURE (D / M / Y): _____ / _____ / _____

RETURN (D / M / Y): _____ / _____ / _____

SECTION D – Identity / Supporting / Required Documents

YOU ARE REQUIRED TO PROVIDE IDENTITY, SUPPORTING AND OTHER REQUIRED DOCUMENTS OTHERWISE YOUR APPLICATION WILL NOT BE PROCESSED.

A COPY OF YOUR PASSPORT /NATIONAL ID

A COPY OF YOUR RESIDENT PERMIT

SECTION E –Declaration:

I AGREE TO ADVISE THE COMPETENT SERVICES AT THE EMBASSY IF ANY INFORMATION ON THIS FORM CHANGES BEFORE THE PROCESSING OF MY APPLICATION IS COMPLETE.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DETAILS GIVEN ON THIS FORM ARE TRUE AND CORRECT.

DATE (D/M/Y): ____ / ____ / _____

SIGNATURE: _____



REPUBLIC OF RWANDA
EMBASSY BERLIN

**REQUEST OF EMERGENCY TRAVEL DOCUMENT
GENERAL INFORMATIONS AND DOCUMENTS CHECKLIST**

A. PAYEMENT OF CONSULAR FEES

CONSULAR FEES (10 €) MUST BE PAYED FOR EACH APPLICATION. PLEASE NOTE THAT THOSE CONSULAR FEES HAVE TO BE TRANSFERRED TO THE FOLLOWING BANK ACCOUNT BEFORE SENDING IN YOUR APPLICATION.

BENEFICIARY: BOTSCHAFT VON RUANDA
PAYMENT REFERENCE: EB-C-ETD + [YOUR NAME]
BANK: COMMERZBANK BERLIN
IBAN: DE87 100400000266054603
SWIFT CODE: COBADEFFXXX

IF ANY DOCUMENT IS TO BE SENT BACK TO YOU THROUGH THE POSTAGE, PLEASE INCLUDE POSTAGE FEE OF 5 €.

B. MAILING ADDRESS AND CONTACT DATA

BE SURE THAT YOU HAVE ADDRESSED THE ENVELOPE, ATTACHED SUFFICIENT POSTAGE AND SEND TO:

EMBASSY OF THE REPUBLIC OF RWANDA

JÄGERSTRASSE 67 - 69

10117 BERLIN

IF YOU ARE SENDING MORE THAN ONE APPLICATION, SEND ALL OF THEM TOGETHER IN ONE ENVELOPE. THE APPLICATIONS WILL BE PROCESSED TOGETHER.

YOU CAN CONTACT US DURING BUSINESS HOURS UNDER THE PHONE NUMBER: **+49 (0) 30 209 165 90**

OR VIA E-MAIL: ca@rwanda-botschaft.de. FOR FURTHER INFORMATIONS VISITE: www.rwanda-botschaft.de

C. ABOUT THE DOCUMENTS

THE APPLICATION FORM (**EB-C-ETD**) IS DESIGNED TO BE "FILLABLE" ON COMPUTER. THIS MEANS THAT YOU SHALL CONVENIENTLY COMPLETE THE FORM RIGHT ON YOUR COMPUTER. YOU CAN THEN PRINT YOUR COMPLETED FORM, SIGN IT AS REQUIRED AND SUBMIT IT TO THE ADDRESS MENTIONED ABOVE.

FAILURE TO PROVIDE A FULLY COMPLETED APPLICATION FORM OR THE NECESSARY DOCUMENTS WILL RESULT IN THE NON-PROCESSING OF YOUR APPLICATION.

THE COPIES OF YOUR DOCUMENTS (FOR EXAMPLE: PASSPORT, ID) MUST BE READABLE AND IF THEY CONTAIN A PHOTOGRAPHIE, THE PERSON MUST BE VISIBLE/RECOGNIZABLE. IT MAY BE HELPFUL TO MAKE COLOR COPIES.

NOTE:

- **THE APPLICANT MUST BE AT LEAST 18 YEARS OLD.**
- **YOU MUST PROVIDE THE ENGLISH OR FRENCH TRANSLATION OF ALL DOCUMENTS THAT ARE IN ANOTHER LANGUAGE AND THOSE TRANSLATED DOCUMENTS MUST BE CERTIFIED BY COMPETENT AUTHORITIES.**

D. DOCUMENT CHECKLIST

SEND THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION. CHECK EACH BOX ONCE YOU ENCLOSE THE ITEM.

FORM	
<input type="checkbox"/>	REQUEST OF CERTIFICATES (EB-C-ETD) <i>FULLY COMPLETED.</i>
IDENTITY DOCUMENTS / RESIDENT PERMIT	
<input type="checkbox"/>	A COPY OF YOUR NATIONAL ID AND/OR YOUR PASSEPORT
<input type="checkbox"/>	A COPY OF YOUR RESIDENT PERMIT
PHOTO	
<input type="checkbox"/>	TWO (2) COLORED BIOMETRIC PASSPORT PHOTOGRAPHS FOR EACH APPLICATION. (PLEASE INDICATE YOUR NAME AT THE BACK, IN ORDER TO AVOID ANY CONFUSION)
FEE	
<input type="checkbox"/>	A PROOF OF PAYEMENT OF CONSULAR FEES (10 €) FOR EACH APPLICATION. (<i>IF ANY DOCUMENT IS TO BE SENT BACK TO YOU THROUGH THE POSTAGE, PLEASE INCLUDE POSTAGE FEE OF 5 €</i>)

INCLUDE THIS COMPLETED DOCUMENT CHECKLIST (PAGE 2) WITH YOUR APPLICATION PACKAGE
