



REPUBLIC OF RWANDA
EMBASSY BERLIN

EB-C-DR

REGISTRATION FORM FOR RWANDAN DIASPORA

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: _____

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

IF THE PERSON WAS BORN IN RWANDA SPECIFY (City/Sector / District). OTHERWISE (FULL ADDRESS, CITY AND COUNTRY)

OCCUPATION: _____ POSITION: _____

WORKING PLACE: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL NAME: _____

MARITAL STATUS: SINGLE MARRIED WIDOW(ER) DIVORCED

SPOUSE'S FULL NAME: _____

SPOUSE'S NATIONALITY: _____

WHEN DID YOU LEFT RWANDA (D /M/ Y): ____ / ____ / ____ (AT LEAST THE YEAR)

WHEN DID YOU ARRIVE IN YOUR CURRENT COUNTRY (D /M/ Y): ____ / ____ / ____ (AT LEAST THE YEAR)

PLEASE STATE THE PURPOSE OF YOUR STAY IN YOUR CURRENT COUNTRY (e.g. STUDIES, ACADEMIC TRAINING, WORK ...)

SECTION B - Level of education:

PLEASE CHOOSE YOUR LEVEL OF EDUCATION:

- PRIMARY EDUCATION LOWER SECONDARY EDUCATION UPPER SECONDARY EDUCATION
- BACHELOR OR EQUIVALENT MASTER OR EQUIVALENT DOCTORAL OR EQUIVALENT

PLEASE SPECIFY THE DOMAIN OF YOUR STUDIES: _____

SECTION C – Family members you want also to be registered (only children under 16 years)

FULL NAME	DATE OF BIRTH	GENDER(F/M)

SECTION D –Person in Rwanda to contact in emergency case:

FULL NAME: _____
 ADDRESS (City/Sector / District): _____
 OCCUPATION: _____ POSITION: _____
 WORKING PLACE: _____
 RELATIONSHIP: _____
 TELEPHONE: _____ E-MAIL: _____

SECTION E –Declaration:

I AGREE TO ADVISE THE COMPETENT SERVICES AT THE EMBASSY IF ANY INFORMATION ON THIS FORM CHANGES.

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

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

SIGNATURE _____