

EMBASSY OF THE REPUBLIC OF ZAMBIA

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VISA APPLICATION FORM

1. Surname:				2. First Name:		Middle Name	Middle Name:		
3. Date of Birth:			Place of Birth:		4.	. Nationality: Sex:		Sex:	
5. Profession: Business ()			Business Telep	phone No.	6. Nationa	ity of Parents at time of Birth:			
7. Passpo	ort No.		8	8. Place of Issue:					
Date of Issue:				Date of Expiration:					
9. If accompanied by your spouse or children, give the following particulars: (Note: Every applicant fills out an individual form) Full Name (s) Date & Place of Birth Relationship									
10. Present Address:									
Telephone No. () Email:						
11. Permanent Address:									
Telephone No. () Email:									
12. (a) Type of Visa Requested: Tourist () Business () Church Business () Visitor () Diplomatic ()									
Official () Student () Transit () Volunteer () Courtesy ()									
(b) Entry requested: Single () Double () Multiple ()									
(c) Date of entry into Zambia:									
(d) Length of Stay in Zambia:									
13. Final Destination of Journey in Zambia: Address in Zambia:									
14. Expected Departure Date from Zambia: Next Destination from Zambia:									
15. Duration and Particulars of any previous residence or visits in Zambia:									
16. If traveling on business, please list names and addresses of persons to be visited in Zambia:									
17. If visiting relatives or friends, please list names and addresses of persons to be visited in Zambia:									
18. Signature of Applicant: Date: For official use only: Date:									
Date	Tag #	Visa fee	Rush Fee	Payment	Visa #	Receipt#	Notati	ons	
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