

## EMBASSY OF THE REPUBLIC OF ZAMBIA

2419 Massachusetts Avenue, NW Washington, DC 20008
Telephone: (202) 265-9717-19 E-mail: embzambia@aol.com
Facsimile: (202) 332-0826 Web Site: zambia@sadc-usa.net

## **VISA APPLICATION FORM**

1. Surname:			2. First Name:			Middle Name:		
3. Date of Birth:		Place of Birth:			4. Nationality:		Sex:	
5. Profession:		Business Telephone No.		6. Nationality of Parents at time of Birth:				
7. Passport No.		8.	8. Place of Issue:					
Date of Issue:  9. If accompanied by your spouse or children,			Date of Expiration:					
	spouse or o			ucuiars:				
Full Name (s)		Date & Place of Birth			Relationship			
				· · · · · · · · · · · · · · · · · · ·				
					Ì			
10. Present Address:								
Telephone No.	( )							
11. Permanent Address:								
Telephone No.								
12. (a) Type of Visa Requested: Tourist ( ) Business ( ) Church Business ( ) Visitor ( )								
Diplomatic ( ) Official ( ) Student ( ) Transit ( ) Volunteer ( )								
Number of Entries Requested: Single ( ) Double ( ) Multiple ( )								
N.B. All U.S Nationals are issued a multiple entry visa only for a \$40.00 fee  For other nationals, please refer to instruction #s 8, 10 & 11.								
(b) Date of entry into Z	ambia:							
(c) Length of Stay in Z	ambia:							
13. Final Destination of Journey:			Address in Zambia:					
14. Expected Departure Date from Zambia:			Nex	Next Destination:				
15. Duration and Particulars of any previous residence or visits in Zambia:								
15. Duration and Particula	rs oi any p	revious reside	ence or visits in Z	ambia:				
16. If travelling on business	s, please lis	st names and	addresses of perso	ons to be	visite	ed in Zambia:		
17. If visiting relatives or f	riends, ple	ease list name	s and addresses o	f persons	s to be	e visited in Zambia:		
18. Signature of Applicant:	Date:							
Revised: December 1999	····	······································						