

THE EMBASSY OF THE UNITED REPUBLIC OF TANZANIA.

2139 R Street, NW Washington, DC, 20008. Tel. (202) 939.6125 and (202) 884.1080; Fax (202) 797.7408.

FOR OFFICE	AL USE ONLY	VISA APPLICATIO		Please Affix
GRR NO		(Visa Regulations on the ne	xt page).	Passport Size
VISA NO				Photograph here
Ref. NO				
1.	Sumame or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.) First Names in Full			
	Former or Maiden Name (if different from above)			
2.	Date of Birth (MM/DD/YY)Sex (M/F)			
3.	Marital Status (Mark): □Single □ Married □Divorced □Widowed □Legally Separated.			
4.	Place of Birth	intry of Birth		
	Current Nationality (State if Dual Nationality)			
	Previous Nationali	ty		
5.	Passport No	Date Issued	Place Issued	
	Valid UntilIssuing Authority			
6.	Profession/Occupation			
	If employed, state	employer		
7.	Current Address			
	Tel	Fax	E-mail	
8.	Proposed Date of EntryDuration of Stay			
9.	Means of Travel to Tanzania			
10	Name of Travel Agent/Tour Operator			
11	Contact Person(s) in Tanzania			
	Address			
12	Previous Visits to Tanzania (indicate dates and duration)			
13	Type of Visa applied: ☐Tourist ☐ Business ☐Professional ☐ Official ☐ Research ☐Journalism ☐			
	Student.			
14	. Category of Visa applied: ☐ Single ☐Multiple.			
15	For Multiple Visa – Duration: □Three Months □Six Months □Nine Months □Twelve Months			
		•		

_Date___

16. Signature of Applicant___