

EMBASSY OF THE REPUBLIC OF ZAMBIA

2200 R Street NW Washington, DC 20008 E-mail: <u>consular@zambiaembassy.org</u>

Telephone: (202) 234-4009 (202) 265-0123 www.zambiaembassy.org

VISA APPLICATION FORM

1. Surname:				2. First	2. First Name:			Middle Name:		
3. Date of Birth:			Place of B	Place of Birth:		4	4. Nationality: Sex:		Sex:	
5. Profession:	Business T ()	Business Telephone No. ()		6. Nationality of Parents at time of Birth:						
7. Passport No.				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										
10. Present Address:										
Telephone No. () Email:							
11. Permanent Add	ress:									
Telephone No.		Email:								
12. (a) Type of Visa	Requeste	d: Tourist () Busine) Business () Church Business () Visitor () Diplomatic ()						
		Official () Stude	nt ()	Volur	nteer ()	Courtesy ()	Transit (
(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	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: For official use only:					Date:					
Date	Tag#	Visa fee	Rush Fee	Payment	Visa	#	Receipt#	Notat	ions	