

Permanent Mission of The Republic of Zambia To The United Nations 237 East 52nd Street, New York, NY 10022 Tel: (212) 888-5770 Fax: (212) 888-5213

E-mail: zambia@un.int

VISA APPLICATION FORM

1. Surname:			2. First Name	:	Middle Nar	ne:	
3. Date of Birth:		Place of B	irth:		4. Nationality:		Sex:
5. Profession: Bus		Business T	Business Telephone No.		ionality of Parents a	-	sex:
7. Passport No.			8. Place of Issu		1		
Date of Issue:			Date of Expi		,		
If accompanied by	your spouse or chi	ildren, give the fol	lowing particulars	/81-4- 5	applicant fills out an		
Full Name (s)		Date & Place	of Birth	(Note: Every	Relationship	individual form)	
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D. Present Address:							
Telephone No.	()	E	Email:			
Permanent Address							
(b) Entry requested:	Official (Single () Study ()) Double (() Church (Transit ()	mail:) Visitor Volum Multiple ()	() Diplomatic (nteer () Courte	esy ()	
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