

EMBASSY OF THE REPUBLIC OF ZAMBIA

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VISA APPLICATION FORM

1. Surname:				2. First Name:		Middle N	Middle Name:		
3. Date of Birth: P			Place of Birth:	Place of Birth:		4. Nationality:		Sex:	
5. Profession: Business			Business Tele ()	phone No.	6. Nati	onality of Parent	nality of Parents at time of Birth:		
7. Passpo	ort No.		<u> </u>	8. Place of Issue:					
Date o	f 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 BirthRelationship								al form)	
			 						
10 Press	ont Address		<u> </u>						
	10. Present Address:								
Telep	Telephone No. () Email:								
11. Pern	11. Permanent Address:								
Telep	Telephone No. () Email:								
12. (a) T	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	13. Final Destination of Journey in Zambia: Address in Zambia:								
14. Expected Departure Date from Zambia: Next Destination from Zambia:									
15. Dura	tion and Parti	iculars of any pr	revious residenc	e or visits in Zamb	ia:				
16. If traveling on business, please list names and addresses of persons to be visited in Zambia:									
17. If vis	17. If visiting relatives or friends, please list names and addresses of persons to be visited in Zambia:								
	18. Signature of Applicant: Date:								
Date	al use only: Tag #	Visa fee	Rush Fee	Payment	Visa #	# Receipt#	# Notat	ions	
Date	Idg #	VISATEC	NUSHTEE	rayment	Visa n	i neccipti		10115	