

EMBASSY OF THE REPUBLIC OF ZAMBIA

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VISA APPLICATION FORM

1. Surname:				2. First	Name:		Middle Name:			
3. Date of Birth:			Place of B	Place of Birth:		4. N	4. Nationality: Sex:		Sex:	
5. Profession:	Business 1	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 Relationship										
			1							
10. Present Address:										
Telephone No.	one No.					Email:				
11. Permanent Address:										
Telephone No.		(() Email:							
12. (a) Type of Visa	Type of Visa Requested: Tourist () Business () Church Business () Visitor () Diplomatic ()									
Official() Student () Volunteer () 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 Des	Next Destination from Zambia:				
2 Enposed Departure Date Horn Lumbia.					Next Sestination Hom 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: Date:										
For official use only:										
Date	Tag#	Visa fee	Rush Fee	Payment	Visa #	F	Receipt#	Notat	ions	