

EMBASSY OF THE REPUBLIC OF ZAMBIA

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VISA APPLICATION FORM

1. Surname:				2. First Name:		Middle Name	Middle Name:	
3. Date of Birth:			Place of Birth:		4.	Nationality:		Sex:
5. Profession: Business T			Business Tele	elephone No. 6. Nationality of Parents at time of Birth:				
7. Passport No.				8. Place of Issue:				
Date of Issue:				Date of Expiration:				
9. If ac	companied by Full Name (s)			ne following partic Place of Birth	ulars: (Note	Every applicant fill Relation		l form)
10. Pres	ent Address:							
Telep	ohone No.	()	Email:				
11. Permanent Address:								
Telephone No. () Email:								
12. (a) Type of Visa Requested: Tourist () Business () Church Business () Visitor () Diplomatic ()								
Official () Student () Transit () Volunteer () Courtesy ()								
(b) Entry requested: Single () Double () Multiple ()								
(d) Length of Stay in Zambia:								
13. Final	Destination of	of Journey in Za	mbia:	Address in Zam	bia:			
14. Expected Departure Date from Zambia: 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:								
	ature of Applic al use only:	cant:				D	ate:	
Date	Tag #	Visa fee	Rush Fee	Payment	Visa #	Receipt#	Notati	ons
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	Tug m							
	Tug #							