

## EMBASSY OF THE REPUBLIC OF ZAMBIA

2419 Massachusetts Avenue, NW Washington, DC 20008 E-mail: embzambia@aol.com

Telephone: (202) 265-9717 Facsimile: (202) 332-0826 www.zambiaembassy.org

## **VISA APPLICATION FORM**

1. Surname:				2. First Name:		Middle Name:			
3. Date of Birth:			Place of Birth:		4.	. Nationality: Sex:		Sex:	
5. Profession:			Business Telephone No. 6. Nation			onality of Parents at time of Birth:			
7. Passpo	ort No.		1	8. Place of Issue:					
Date of Issue:				Date of Expiration:					
1. If ac	companied by Full Name (			children, give the following particulars: (Note: Every applicant fills out an individual form)  Date & Place of Birth Relationship					
10 Prese	ent Address:		<u> </u>						
10. 11030	ciit / tuuress.								
Tele	Telephone No. ( )			Email:					
1. Permanent Address:									
Tele	Telephone No. ( ) Email:								
2. (a) T									
Official ( ) Student ( ) Transit ( ) Volunteer ( ) Courtesy ( )  (b) Entry requested: Single ( ) Double ( ) Multiple ( )  (a) Date of entry into Zambia:									
13. Final Destination of Journey in Zambia: Address in Zambia:									
1. Expe	ected Departu	re Date from Za	ambia:	Next Destination from Zambia:					
Duration and Particulars of any previous residence or visits in Zambia:									
2. If traveling on business, please list names and addresses of persons to be visited in Zambia:									
3. If visiting relatives or friends, please list names and addresses of persons to be visited in Zambia:									
	ature of Appli	cant:			Date:				
Date	Tag#	Visa fee	Rush Fee	Payment	Visa#	Receipt#	Notati	ons	