

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	th:			Nationality:		Sex:	
5. Profession: Business Tele				phone No. 6. Nationality of P			y of Parents at	of Parents at time of Birth:		
7. Passport No.				8. Place of Issue:						
Date of Issue:				Date of Expiration:						
9. If accompanion Full Nan		ouse or childre	n, give the follow Date & Place of	ving particulars: (Note: Every applicant fills out an individual form) Birth Relationship						
						+				
***************************************						_				
10. Present Addr	ess:			5						
Telephone No	ne No. () Email:									
11. Permanent A	1. Permanent Address:									
Telephone No. () Email:										
12. (a) Type of Visa Requested: Tourist () Business () Church () Visitor () Diplomatic ()										
Official() Study () Transit () Volunteer () Courtesy ()										
(b) Entry requested: Single () Double () Multiple ()										
(c) Date of entry into Zambia:										
(c) Date of entry into Zambia:										
(d) Length of Stay in Zambia:										
13. Final Destina	Full Residential Address in Zambia:									
14. Expected date of Departure from Zambia:				Nex	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 places list names and Basidantial subvision of succession in the visit of in Table 1.										
17. If visiting relatives or friends, please list names and Residential addresses of persons to be visited in Zambia:										
18. Signature of A	Date:									
Date	Tag #	Visa fee	Rush Fee	Payment	Visa i	#	Receipt#	Notati	ons	
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