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. Nationality: Sex:			Sex:			
5. Profession:	Business 7	Business Telephone No.			5. Nationality of Parents at time of Birth:						
7. Passport No.					8. Place of Issue:						
Date of Issue:					Date of Expiration:						
9. If accompanied b Full Name (s	ren, give the f Date & Pla	following particulars: (Note: Every applicant fills out an individual form) ce of Birth Relationship									
10. Present Address:		1									
Telephone No.				Email:							
11. Permanent Addre	ess:	() Email:									
Telephone No.			() Email:								
12. (a) Type of Visa Requested: Tourist () Business () Church Business () Visitor () Diplomatic (natic ()				
Official () Student () Volunteer () Courtesy () Transit ()											
		,	•	,		•	, , , ,	•	,		
(b) Entry requested: Single () Double () Multiple ()											
(c) Date of entry	v into 7an	nbia:									
(d) Length of Stay in Zambia:											
13. Final Destination	Addres	s in Zambia:									
14. Expected Departure Date from Zambia:					Next De	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:											
18. Signature of Applicant: Date:											
For official use only: Date	Tag#	Visa fee	Rush Fee	Payment	Visa #	1	Receipt	#	Notati	ons	
				•			•				