



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:			
5. Profession:		Business Telephone No. ()		6. Nationality of Parents at time of Birth:			
7. Passport No. Date of Issue:		8. Place 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			
10. Present Address:							
Telephone 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 ()							
(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 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 #	Receipt#	Notations