REPUBLIC OF ZAMBIA

ZAMBIA HIGH COMMISSION,
2 Palace Gate, Kensington, London, W8 5NG
Tel: 0207589 6655 / Tel/ Fax: 02075 810546
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VISA APPLICATION FORM

TYPE OF VISA REQUIRED: SINGLE:( ) TRANSIT:( ) DOUBLE:( ) MULTIPLE:( ) (tick)

1. Surname (in capitals):.....**2**. Other names:.....

3. ADDRESSES: (a) Permanent:.....

(b) Present:.....

(c) Telephone:..... (d) E-mail:.....

4. OCCUPATION:.....

5. (a) Nationality..... (b) Race:.....

6. (a) Date of Birth:...../...../.....(b) Sex.....

(c) Town and Country of birth:...../.....

7. PASSPORT: (a) Number:.....(b) Date of expiry: ...../...../.....

8. (a) Date of entry into Zambia: ...../...../.....

(b) Possible length of stay in Zambia:..... (c) Purpose of visit: .....

9. Name and Addresses of firms or persons to be visited:.....

.....

10. Particulars of any previous residence in, or visits to Zambia:

.....

11. (a) Date of expected departure from Zambia:...../...../.....
(b) Next destination:.....

12. Signature of applicant:.....Date:...../...../.....

FOR OFFICIAL USE: Visa No:..... Fee paid:.....Receipt Number:.....

Date of Issue:...../...../.....Approved by:..... Signature:.....