

**EMBASSY OF THE REPUBLIC OF ZAMBIA**2419 Massachusetts Avenue,  
NW Washington, DC 20008  
E-mail: embzambia@aol.comTelephone: (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: _____							
<b>For official use only:</b>							
<b>Date</b>	<b>Tag #</b>	<b>Visa fee</b>	<b>Rush Fee</b>	<b>Payment</b>	<b>Visa #</b>	<b>Receipt#</b>	<b>Notations</b>