



Permanent Mission of The Republic of Zambia To The United Nations
 237 East 52nd Street, New York, NY 10022
 Tel: (212) 888-5770 Fax: (212) 888-5213
 E-mail: zambia@un.int

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 () Visitor () Diplomatic () Official () Study () 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:			Full Residential Address in Zambia:				
14. Expected date of Departure 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 Residential 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