



REPUBLIC OF ZAMBIA

Embassy of the Republic of Zambia
Via Ennio Quirino, Visconti 8
00193 Rome
ITALY

Tel: +390636002590/+390636006903
Fax: +390697613035

VISA APPLICATION FORM

1. Surname of applicant (Capitals)

.....

2. Other names

.....

3. Addresses:

(a) Permanent

(b) Present

4. (a) Nationality

(b) Nationality of Parents at time of applicant's birth.....

5. (a) Date of Birth (c) Sex.....

(b) Town and Country of birth

6. Will you be traveling alone or accompanied by your wife and/or children?.....

(NOTE - Children over 16 years of age must make separate applications).

If accompanied by your wife/husband give the following particulars:

(a) Full Name

(b) Place and Date of her/his birth

(c) Passport: Passport No.

Date and Place of issue Date of expiry

7. Passport: (a) Number

Date of Place of issue Date of expiry.....

8. (a) Date of first entry into Zambia
(b) Length of residence in Zambia

9. Destination and object of journey

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10. Probable length of stay.....

11. Full residential address to which traveling

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12. If on business or pleasure, names and addresses of firms or persons to be visited

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13. Date of expected departure from Zambia and route of entry to country of destination.....

14. (a) Particulars of any previous residence in, or visits to the country of destination.....

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(b) Particulars of any relations or friends in the country of destination

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15. Date Signature of applicant

NOTE:

Application to be accompanied by two full face Passport size photographs of each applicant.

Remarks of the Visa authority

Ref. No.

Date:.....

Visa Officer.....