

REPUBLIC OF ZAMBIA

ZAMBIA HIGH COMMISSION,
2 Palace Gate, Kensington, London, W8 5NG
Tel: 0207589 6655 / Tel/ Fax: 02075 810546
E-mail: immzhcl@btconnect.com
Website: <http://www.zhcl.org.uk>



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:

Number:

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

Visa No: Fee paid: Receipt