



# EMBASSY OF THE REPUBLIC OF ZAMBIA

2200 R Street NW  
Washington, DC 20008  
E-mail: [consular@zambiaembassy.org](mailto:consular@zambiaembassy.org)

Telephone: (202) 234-4009  
(202) 265-0123  
[www.zambiaembassy.org](http://www.zambiaembassy.org)

## VISA APPLICATION FORM

1. Surname:		2. First Name:		Middle Name:			
3. Date of Birth:		Place of Birth:		4. Nationality:		Sex:	
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: <b>(Note: Every applicant fills out an individual form)</b>							
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 ( ) Volunteer ( ) Courtesy ( ) Transit ( ) (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>							
Date	Tag#	Visa fee	Rush Fee	Payment	Visa #	Receipt#	Notations