

**EMBASSY OF THE REPUBLIC OF ZAMBIA**Via Ennio Quirino Visconti, 8
00193, RomeE-mail: zamrome@rdn.itTelephone: (3906) 36002590
36006903, 36088824
Facsimile: (3906) 97613035**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 | |
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| 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: _____ | |
| For official use only: | | | | | |