



EMBASSY OF THE REPUBLIC OF ZAMBIA
 Via Ennio Quirino Visconti, 8 Telephone: (3906) 36002590
 00193, Rome 36006903, 36088524
 Facsimile: (3906) 97613035
 E-mail: info@zambianembassy.it
 Website: www.zambianembassy.it

VISA APPLICATION FORM

1. Surname:		2. First Name:		Middle Name:	
3. Date of Birth:		4. Place of Birth:		5. Nationality	
6. Sex:		7. Profession:		8. Business Telephone No.	
9. Nationality of Parents at time of Birth:		10. Passport No.		11. Place of Issue:	
Date of Issue:		Date of Expiration:			
12. 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	
13. Present Address:					
Telephone No.		()		Email:	
14. Permanent Address:					
Telephone No.		()		Email:	
15. (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: _____					
16. Final Destination of Journey in Zambia:			17. Address in Zambia:		
18. Expected Departure Date from Zambia:			19. Next Destination from Zambia:		
20. Duration and Particulars of any previous residence or visits in Zambia:					
21. If traveling on business, please list names and addresses of persons to be visited in Zambia:					
22. If visiting relatives or friends, please list names and addresses of persons to be visited in Zambia:					
23. Signature of Applicant: _____				Date: _____	
For official use only:					

Date	Visa fee	Payment	Visa #	Receipt#	Observations