

**EMBASSY OF THE REPUBLIC OF ZAMBIA**Via Ennio Quirino Visconti, 8  
00193, RomeTelephone: (3906) 36002590  
36006903, 36088824  
Facsimile: (3906) 97613035E-mail: [info@zambianembassy.it](mailto:info@zambianembassy.it)  
Website: [www.zambianembassy.it](http://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:					



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