

**EMBASSY OF THE REPUBLIC OF ZAMBIA**Via Ennio Quirino Visconti, 8  
00193, RomeTelephone: (3906) 36002590  
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Facsimile: (3906) 97613035E-mail: [zamrome@rdn.it](mailto:zamrome@rdn.it)**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	
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:					