Embassy of the Republic of Zambia Gårdsvägen 18, 3rd Floor Box 3056 SE-169 03 Solna Sweden



Tel: +46 8 679 90 40 Fax: +46 8 679 68 50 (Visa section 10:00 – 13:00) e-mail: <u>info@zambiaembassy.se</u> Web site: www.zambiaembassy.se

VISA APPLICATION FORM

1. Surname		2. First Name		3. Other Names	
4. Date of Birth	5. Place	of Birth	6. Natio	nality	7. Sex
4. Date of Diftii 5. 1 face				nancy	7. 5CA
8. Profession		9. Business telephone No.		10. Nationality of Parents at the time of Birth	
11. Passport No. Date of Issu		e 12. Plac		e of Issue. Expiry Date	
13. If accompanied by your spouse or children give the following particulars:					
Full Name		Date of Birth		Relationship	
				• • • • • • • • • • • • • • • • • • •	
14. Present Address					
Telephone No.		() E-mail			
15. Permanent Address					
Telephone No.		() E-mail			
16. (a) Type of Visa required		Tourist() Business() Visitor() Diplomatic() Official() Student() Transit()			
(b) Number of Entries		Single () Double ()			
(c) Date of Entry					
(d) Length of Stay in Zambia					
17. Purpose of visit to Zambia					
18. Final Destination of Journey			19. Address in Zambia:		
20. Expected Departure Da	amhia	mbia 21. Next Destination			
20. Expected Departure Date from Za				Destination	
22. Duration and Particulars of any previous residence or visits in Zambia					
23. If travelling on business please list names and addresses of persons to be visited in Zambia					
24. If visiting relatives or friends, please list names and addresses of persons to be visited in Zambia					
2 . A visiting relatives of friends, prease list names and addresses of persons to be visited in Dambia					
25 Signature of Amiliant	Dete				
25. Signature of Applicant			Date		