THE EMBASSY OF THE UNITED REPUBLIC OF TANZANIA

1232 22nd St. NW, Washington DC, 20037
Tel. (202) 939-6125 and (202) 884-1080 Fax (202) 797-7408

FOR OFFICIAL USE ONLY

GRR NO._____

VISA NO._____

Ref. NO._____

VISA APPLICATION FORM

(Visa Regulations on the next page)

2 Passport Size Photograph
Size: 2x2
Do not paste or staple

1. Surname or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.)_
   First Names in Full_____.
   Former or Maiden Name (if different from above) _____.
2. Date of Birth (DD/MM/YY_Sex (M/F)_____
3. Place of Birth_____Country of Birth_____
   Current Nationality (State if Dual Nationality) _____.
   Nationality at Birth__.
4. Marital Status (Mark): ☐ Single Married ☐ Divorced ☐ Widowed ☐ Legally Separated.
5. Passport No _____Date Issued _____Valid Until _____.
   Issued At USA_Issuing Authority_United States Department of State_
6. Profession/Occupation_.
   Employer Address: _____.
7. Current Address_____.
   Tel._____Fax_NONE_E-mail_____.
8. Name of Travel Agent/Tour Operator_Laura Chapman, Holiday Travel, Marquette, MI_____.
9. Contact Person(s) in Tanzania_Bishop Alex Malasusa_____.
   Address: Luther House First Floor, First Floor Sokoine Drive, P.O. Box 837, Dar es Salaam,, TANZANIA
10. Date of Entry _____ Depature Date_ _____.
    Duration of Stay_____ (Max. 90 Days)
    Type of Visa Requested **X Travel Visa** ☐ **Transit Visa**
11. **Purpose of visit**

X	**Leisure, Holiday**		**Other Business**		**Various**
X	**Visiting friends, relatives**		**Study**		**Diplomatic**
	Mission		**Transit**		**Official**
	Meeting, Conference		**Health Treatment**		**Same day visitor**

12. Requested Number of Entries: **X** Single ☐ Double ☐ Multiple.
13. In Case Of Transit: Do you have an Entry Permit for the Final Country of Destination? ☐ No ☐ Yes Valid Until:
14. Budget Available For Your Stay_ $2000.00_
15. I Hereby Declare That The Information Stated Above Is True And Correct :

Signature of Applicant_____Date_____