

HIGH COMMISSION OF THE REPUBLIC OF ZAMBIA

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VISA APPLICATION FORM

						LICHTIONTORNI			T		
1. Surnai	2. First Name:				Middle Name:						
3. Date of Birth:			Place of Birth:			1	4. N	Nationality:		Sex:	
5. Profession:			Business Tele		6. Nationality of Parents at time of Birth:			_1			
7. Passpo	8. Place of Issue:										
Date o	Date of Expiration:										
9. If ac	companied by Full Name (r children, give tl Da	he following to the & Place of			e: E		ills out an indivi Relationship	dual form)	
10. Pres	ent Address:						•				
Tele	phone No.	Email:									
11. Pern	nanent Addres	ss:	·								
Tele	Telephone No. () Email:										
	_	Requested: To	ourist () I	Business ()	(Church Bus	ines	s () Visi	tor () Dip	lomatic ()	
(c)		into Zambia: _	ngle ()				Mul	ltiple ()			
13. Fina	l Destination	Address in	Address in Zambia:								
14. Expe	1	Next Destination from Zambia:									
15. Dura	ation and Parti	culars of any p	revious residence	e or visits in 2	Zamb	ia:					
16 70								7 1'			
16. If tra	aveling on bus	iness, please lis	st names and add	lresses of pers	sons t	o be visited	1 in 2	Zambia:			
17. If vi	isiting relative	es or friends, ple	ease list names a	nd addresses	of per	rsons to be	visi	ted in Zambia:			
	ature of Appli	icant:						1	Date:		
Date	Tag #	Visa fee	Rush Fee	Paymer	nt	Visa #		Receipt#	Notat	ions	
								-			