

16. Signature of Applicant_



THE EMBASSY OF THE UNITED REPUBLIC OF TANZANIA.

2139 R Street, NW Washington, DC, 20008. 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.

Please Affix Passport Size Photograph here.

	First Names in Full			
2.	Date of Birth (MM/DD/YY)Sex (M/F)		Sex (M/F)	
3.	Marital Status (Mark): \sqcup Single \sqcup Married \sqcup Divorced \sqcup Widowed \sqcup Legally Separated.			
4.	4. Place of BirthCountry of Birth		y of Birth	
	Current Nationality (State if Dual Nationality)			
	Previous Nationality			
5.	Passport No	Date Issued	Place Issued	
	Valid Until	Issuing Authority		
6.	Profession/Occupation			
7.	Current Address			
	TelFax	E-I	mail	
8.	Proposed Date of EntryDuration of Stay			
9.	Means of Travel to Tanzania			
10.	Name of Travel Agent/Tour Operator			
11.	Contact Person(s) in Tanzania			
	Address			
12.	Previous Visits to Tanzania (indicate dates and duration)			
13.	Type of Visa applied: ⊔Tourist ⊔ Business ⊔Professional ⊔ Official ⊔ Research ⊔Journalisr			
	⊔Student.			
14.	Category of Visa applied: ☐ Single ☐Multiple.			
d m	For Multiple Visa – Duration: ⊔Three Months ⊔Six Months ⊔Nine Months ⊔Twelve Months			

Date