



CONSULATE OF THE UNITED REPUBLIC OF TANZANIA  
SYDNEY, NEW SOUTH WALES

Level 3, Connaught Offices  
185 Liverpool Street  
PO Box 1002  
DARLINGHURST NSW 2000  
PH: (02) 9261 0911  
FX: (02) 9283 6911

No.....

photo

1. Surname or Family Name .....
2. First Name .....
3. Former or Maiden Name (if different from above) .....
4. Date and Place of Birth .....Sex .....
5. Nationality .....Marital Status.....
6. Countries in which you have resided since birth .....
7. Names, date and place of birth or minor children accompanying you  
.....
8. Present address .....Tel No ( ) .....
9. Permanent address (if different from above) .....
10. Date of previous visits to Tanzania (if any) .....
11. Occupation .....Employer .....Position held .....
12. Reason for journey .....Duration of stay .....
13. Means at your disposal for proposed visit US\$ .....
14. Expected date and place of arrival .....

Passport No.....Place of Issue.....  
 Date of Issue.....Valid until.....  
 Onward/Return Visa.....Valid until.....  
 Date.....Signature of Applicant.....

FOR CONSULAR USE ONLY

Status of Air/Surface Ticket \_\_\_\_\_ Issued On \_\_\_\_\_  
 GGR \_\_\_\_\_ Remarks \_\_\_\_\_  
 Date \_\_\_\_\_ Signature \_\_\_\_\_