

TANZANIA

PERMANENT MISSION TO THE

United Nations

201 EAST 42ND STREET, SUITE 1700 NEW YORK, NEW YORK 10017 TEL: (212) 972-9160

TEL: (212) 972-9160 FAX: (212) 682-5232

E-MAIL: tzrepny@aol.com tzny@tanzania-un.org

WEBSITE: www.tanzania-un.org

FOR OFFICIAL USE ONLY GRR NO.			VISA APPLICATION FORM. (Visa Regulations on the next page).			2 Passport Size Photograph
ON A ZIV						Size: 2x2
						Do not paste or staple
ei. NO]			
	1.	Last Name (Mr./Mrs./Miss/Ms/Dr./Prof.)				
		First Name(s)				
		Former or Maiden Name (if different from above)				
	2.	Date of Birth (DD/MM/YY)Sex (M/F)				
	3.	Place of BirthCountry 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 I	Issued	Valid Until	
		Issued AtIssuing Authority				
	6.	Profession/Occupation				
		Employer Address:				
	7.	Home Address (include Zip code)				
		Tel	Fax		E-mail	
	8.	Name of Tour Operator (U.S. and TANZANIA)				
	9.					
		Address		Pho	one	
	10.	Date of Entry in Tanzania	a	Depature Date from T	Гаnzania	
		Duration of Stay in Tana	zania	(Max. 90 Day	ys)	
		Type of Visa Requested				
	11.	1. Purpose of visit				
		Visiting Mission	, Holiday friends, relatives g, Conference	Other Business Study Transit Health Treatme	Dip Off	rious olomatic icial ne day visitor
	12.	Requested Number of Er	ntries: Single	□ Double	☐ Multiple.	
	13.	In Case Of Transit: Do y	ou have an Entry Permi	t for the Final Country of I	Destination? ☐ No ☐	Yes Valid Until:
	14.	Budget Available For Yo	our Stay			

15. I Hereby Declare That The Information Stated Above Is True And Correct :

Signature of Applicant_