

## 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.

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 (MM/DD/YY)  Sex (M/F)  3. Marital Status (Mark): ÿ Single ÿ Married ÿ Divorced ÿ Widowed ÿ Legally Separated.  4. Place of Birth  Current Nationality (State if Dual Nationality)  Previous Nationality  5. Passport No.  Date Issued  Valid Until  Issuing Authority  6. Profession/Occupation  If employed, state employer  7. Current Address  Tel.  Fax  E-mail		OR OFFICIAL USE ONLY  NO	VISA APPLICA (Visa Regulations on		Please Affix Passport Size	
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First Names in Full Former or Maiden Name (if different from above)  2. Date of Birth (MM/DD/YY)  3. Marital Status (Mark): ÿSingle ÿ Married ÿDivorced ÿWidowed ÿLegally Separated.  4. Place of Birth Current Nationality (State if Dual Nationality) Previous Nationality  5. Passport No. Date Issued Place Issued Valid Until Issuing Authority  6. Profession/Occupation If employed, state employer  7. Current Address Tel. Fax E-mail  8. Proposed Date of Entry Duration 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: ÿTourist ÿ Business ÿProfessional ÿ Official ÿ Research ÿJournalism ÿStu  14. Category of Visa applied: ÿ Single ÿ Multiple.	Ref. N	NO				
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Valid UntilIssuing Authority		Previous Nationality				
6. Profession/Occupation	5.	Passport No				
If employed, state employer		Valid UntilIssuing Authority				
<ol> <li>Current Address</li></ol>	6.	Profession/Occupation				
TelFaxE-mail		employed, state employer				
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15. For Multiple Visa – Duration: ÿThree Months ÿSix Months ÿNine Months ÿTwelve Months	14.	Category of Visa applied: ÿ Single ÿMultiple.				
	15.					

\_Date\_\_\_

16. Signature of Applicant\_\_\_\_\_