



THE HIGH COMMISSION FOR THE UNITED REPUBLIC OF TANZANIA.

EP-15C, CHANAKYAPURI NEW DELHI - 110021 INDIA.
Tel. 91-11-24122864, 24122865 (Fax) 91-11-24122862

FOR OFFICIAL USE ONLY

GRR NO. _____
VISA NO. _____
Ref. NO. _____

VISA APPLICATION FORM.

(Visa Regulations on the next page).

2 Passport Size
Photograph
Size: 2x2
Do not paste or
staple

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 (DD/MM/YYYY) _____ Sex (M/F) _____
3. Place of Birth _____ Country 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 Issued _____ Valid Until _____
Issued At _____ Issuing Authority _____
6. Profession/Occupation _____
Employer Address: _____
7. Current Address _____
Tel. _____ Fax _____ E-mail _____
8. Name of Travel Agent/Tour Operator _____
9. Contact Person(s) in Tanzania _____
Address _____
10. Date of Entry _____ Departure Date _____
Duration of Stay _____ (Max. 90 Days)
Type of Visa Requested Travel Visa Transit Visa
11. Purpose of visit

<input type="checkbox"/> Leisure, Holiday <input type="checkbox"/> Visiting friends, relatives <input type="checkbox"/> Mission <input type="checkbox"/> Meeting, Conference	<input type="checkbox"/> Other Business <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Health Treatment	<input type="checkbox"/> Various Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Same day visitor
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12. Requested Number of Entries: Single Double Multiple.
13. In Case Of Transit: Do you have an Entry Permit for the Final Country of Destination? No Yes Valid Until: _____
14. Budget Available For Your Stay _____
15. I Hereby Declare That The Information Stated Above Is True And Correct :

Signature of Applicant _____ Date _____