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VISA NO. \_\_\_\_\_

**THE UNITED REPUBLIC OF TANZANIA**

Oasis Mo oni, B.P: 8141, Mo oni, Co o os  
 Tel.: 269 0773 78 59 / 269 0773 78 62  
 Fax: 269 0773 78 60  
 E ail: o oni n e. o.

**Visa Application Form**

**FOR OFFICIAL USE ONLY**

ERV NO. \_\_\_\_\_ DRAFT NO. \_\_\_\_\_

DATE \_\_\_\_\_ BANK NAME \_\_\_\_\_

2 Passport Size  
 Photograph  
 Size:3.5cmx4.5cm  
 Paste one  
 Photograph

Type of Visa Requested:  Travel Visa  Transit Visa

Surname or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.) \_\_\_\_\_

First Names in Full \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Present Nationality: \_\_\_\_\_ Nationality at Birth: \_\_\_\_\_

- Purpose of Visa
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Leisure, Holiday            | <input type="checkbox"/> Business         | <input type="checkbox"/> Various          |
| <input type="checkbox"/> Visiting friends, relatives | <input type="checkbox"/> Study            | <input type="checkbox"/> Diplomatic       |
| <input type="checkbox"/> Mission                     | <input type="checkbox"/> Transit          | <input type="checkbox"/> Official         |
| <input type="checkbox"/> Meeting, Conference         | <input type="checkbox"/> Health Treatment | <input type="checkbox"/> Same day visitor |

Requested Number of Entries:  Single  Multiple\*  
 (\* not for transit visa)

Requested duration of stay: \_\_\_\_\_ days (Max. 90)

Type of Passport:  Ordinary  Diplomatic  Service  Other Travel Document (Please specify) \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Valid Until: \_\_\_\_\_

Issued At: \_\_\_\_\_ Issuing Authority \_\_\_\_\_

Marital Status (Mark):  Single  Married  Divorced  Widow (er)  Legally Separated

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Profession/Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Travel Agent/Tour Operator \_\_\_\_\_

Arrival Date(s) in Tanzania: \_\_\_\_\_ Departure Date(s) from Tanzania: \_\_\_\_\_

Your physical address while in Tanzania: \_\_\_\_\_

(Name of hotel(s), tour operator(s), person(s) or organization(s) visited)

Budget available for your stay: Cash \$/ \_\_\_\_\_ Credit card \_\_\_\_\_ Travelers cheques \_\_\_\_\_

Minors Travelling in Applicants' Passport:

Name(s): \_\_\_\_\_ Sex \_\_\_\_\_ Year of birth \_\_\_\_\_

Name(s): \_\_\_\_\_ Sex \_\_\_\_\_ Year of birth \_\_\_\_\_

Name(s): \_\_\_\_\_ Sex \_\_\_\_\_ Year of birth \_\_\_\_\_

In case of Transit: Do you have an entry permit for the final country of destination? No  Yes

Valid Until \_\_\_\_\_

I hereby declare that the information stated above is true and correct:

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature \_\_\_\_\_

**OVERLEAF**

For official use only	
Station	
Type of visa issued	
Visa sticker No	
Processing Officer	
Authorizing officer	
Date	