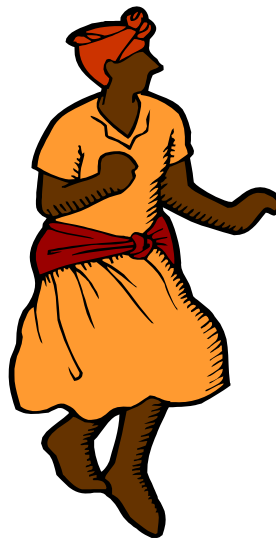




Zambia



Visa & Passport

Information Enclosed

TOURIST VISA
REQUIREMENTS FOR ZAMBIA
(Double Entry)

Total cost
One person
\$163

Total cost
Two people
\$288

For FedEx *Priority Delivery* please add \$10.00 to above costs.
For delivery outside the continental U.S. please add additional \$25.00.

Please Send to GENERATIONS VISA SERVICE: (see address below)

- Your **signed** passport: having **one completely blank "visa" page** & **six months** validity beyond the travel date. If you need help securing, renewing or updating your passport, including adding extra visa pages, please contact GenVisa at 1-800-845-8968 for requirements and fees.
- **Two (2)** recent passport **photo(s)** per person (approx 2x2) **signed on the back** – **no home photos / no photocopies.**
- **One (1)** completed and signed visa application forms per person.
- Copy of the **travel itinerary.**
- **Payment:** a check or money order payable to: **Generations Visa Service** (U.S. Dollars) or
Credit Card information: _____ Exp. Date: _____ Signature: _____

Complete and *return this entire form* with the requested materials – use prepaid FedEx Airbill enclosed.

For the nearest to you FedEx drop off location, please call 1(800)GOFEDEx.

Important: Do not send your passport/materials more than 6 months prior to your trip date.

If you need your passport **within 14 days:** add \$35 per person for expedited service. If you are departing **within 7 days:** add \$75 per person for expedited service. If you are a non-US citizen, call for entry requirements.

YOUR RETURN SHIPPING ADDRESS – No P.O. boxes, please

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Return to: Home or Business (Name & c/o): _____

EXACT address: _____ Apt/Ste#: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Date you need your passport: _____ Your E-mail address (**Important**): _____

Date **THIS TOUR** Departs U.S.: _____

Optional insurance: \$8.00 per passport: in the unlikely event that your passport is lost or damaged in transit. This will cover your full out of pocket and replacement costs up to \$2,000. Please check one of the boxes below.

Yes, I have added an additional \$8.00 per person for the optional insurance. [FedEx signature will be required]

No, I decline the optional insurance and understand that in the unlikely event my passport is lost or damaged, Generations Visa Service and FedEx liability is limited to \$100. [No FedEx signature required upon delivery]

Send materials to:
GENERATIONS VISA SERVICE
2233 WISCONSIN AVE N.W. #226
WASHINGTON D.C. 20007-4119
1-800-845-8968





EMBASSY OF THE REPUBLIC OF ZAMBIA
 2419 Massachusetts Avenue,
 NW Washington, DC 20008
 E-mail: embzambia@aol.com

Telephone: (202) 265-9717
 Facsimile: (202) 332-0826

VISA APPLICATION FORM

1. Surname:		2. First Name:		Middle Name:			
3. Date of Birth:		Place of Birth:		4. Nationality:			
5. Profession:		Business Telephone No. ()		6. Nationality of Parents at time of Birth:			
7. Passport No. Date of Issue:		8. Place of Issue: Date of Expiration:					
1. If accompanied by your spouse or children, give the following particulars: (Note: Every applicant fills out an individual form)							
Full Name (s)		Date & Place of Birth		Relationship			
10. Present Address:							
Telephone No. ()		Email:					
1. Permanent Address:							
Telephone No. ()		Email:					
2. (a) Type of Visa Requested: Tourist () Business () Church Business () Visitor () Diplomatic () Official () Student () Transit () Volunteer () Courtesy ()							
(b) Entry requested: Single () Double () Multiple ()							
(a) Date of entry into Zambia: _____							
(b) Length of Stay in Zambia: _____							
13. Final Destination of Journey in Zambia:			Address in Zambia:				
1. Expected Departure Date from Zambia:			Next Destination from Zambia:				
1. Duration and Particulars of any previous residence or visits in Zambia:							
2. If traveling on business, please list names and addresses of persons to be visited in Zambia:							
3. If visiting relatives or friends, please list names and addresses of persons to be visited in Zambia:							
18. Signature of Applicant: _____ Date: _____							
For official use only:							
Date	Tag #	Visa fee	Rush Fee	Payment	Visa #	Receipt#	Notations