



1625 K Street NW Suite 750 Washington DC 20006
 Tel: 888 838 4867 ♦ Email: TRAVCOA@PinnacleTDS.com

Visa requirements shown below are for U.S. PASSPORT HOLDERS ONLY. Nationals of all other countries please contact Pinnacle Travel Document Systems directly for specific requirements for your itinerary.



Ultimate Africa by Classic DC3

August 31 – September 19, 2015

Visa(s) Req'd	# Forms	# Photos	Cost 1 – Persons - 2		Application Deadline	Late Fee Per Person
Kenya	1	2			June 30, 2015 (or 60 days prior to your departure)	\$275.00
Tanzania	1	2				
Zambia	2	2	\$695.00	\$1360.00		
Zimbabwe	2	2				

Visas are not required for short tourist stays in Botswana and South Africa. Photos for Zambian visa must be signed on reverse. **Please use enclosed sample information verbatim and substitute your personal information.**

Visa processing can be unpredictably lengthy and in some instances your passport may not be returned to you until shortly prior to departure. If you have specific plans or concerns about needing your passport for other international travel between June 30, 2015 and August 31, 2015 you will need to obtain a second passport. You should typically allow 2-3 weeks for this service and must surrender your existing passport during this period.

Once your second passport has been obtained we can return your existing primary passport for any interim international travel while visas for your tour program are placed into your new second passport.

Fees shown above include all necessary consular and service fees as well as the cost to return your passport(s) via FedEx from our offices within the continental U.S. (Please add \$30.00 to cover extra shipping costs for addresses in Alaska, Hawaii, or Canada.) We strongly suggest that you send your documents to us via FedEx or some other form of traceable overnight courier service.

Please enclose your actual passport along with eight (8) photographs and the number of completed visa application forms for each country as indicated above. **Note that your Kenya visa application must be completed online at the link shown herein.** Please also enclose two clear photocopies of the vital information page of your passport. Photographs should be recently shot passport-type photos with a clear background precisely 2" x 2" in dimension. (Note that machine or home photographs are not acceptable and photographs must be different than those in your current passport.) Your passport must be valid until March 19, 2016 or for a minimum of six (6) months beyond the completion of your international travel and must have at least ten (10) blank unused pages available **including four (4) sets of blank facing visa pages**, but not including those reserved for amendments and endorsements at the back of your passport. Contact PTDS directly for assistance with renewal of or to add pages to your U.S. passport, as this can easily be done at the same time you apply for your visas.

Applications must be received in our offices no fewer than 60 days prior to your departure from your shipping address or June 30, 2015 whichever is sooner. (Please do not send your documents more than six (6) months prior to your departure due to the validity of your visas.) **Documents received after the deadline will be subject to the per person late fee shown above.** Special requests for passports to be expedited due to other travel plans prior to your tour departure may also require expediting fees. Please contact PTDS directly regarding any special processing needs or before submitting documents you expect may be received substantially after the deadline as there may be special requirements and/or additional fees to process your request. It may not be possible to cancel processing of your applications once they have been submitted.

Please note that consular fees, shipping fees and application requirements quoted are subject to change without notice. Check or credit card payment accepted. Credit card payment subject to 3.5% surcharge.



PLEASE BE CERTAIN TO RETURN THE FOLLOWING TO:
Pinnacle Travel Document Systems
1625 K Street Suite 750
Washington DC 20006



- ◆ Your actual passport (Please keep a photocopy for your records.)
- ◆ This completed form
- ◆ Two (2) photocopies of vital information page of passport
- ◆ One (1) visa application form *per person* completed online for Kenya
- ◆ One (1) completed visa application form *per person* for Tanzania
- ◆ Two (2) completed visa application forms *per person* for Zambia
- ◆ Two (2) completed visa application forms *per person* for Zimbabwe
- ◆ Eight (8) passport-type photographs *per person* (signed on reverse side)
- ◆ Credit or debit card authorization below

PLEASE PRINT CLEARLY

Full Name (1): _____ **Full Name (2):** _____

Passport #: _____ **Exp:** / / **Passport #:** _____ **Exp:** / /

Home _____ **Home Tel:** _____

Mailing _____ **Work Tel:** _____

Address: _____ **Email:** _____

_____ **Date of Departure from Home:** / /
Month Day Year

(FedEx cannot deliver to PO boxes)

Address _____ **Tour Name: Ultimate Africa by Classic DC3**

For _____ **Date of Tour Departure:** **08 / 31 / 2015**
Month Day Year

Return of _____ **Special Instructions:** _____

Passport: _____

Tel: _____

Please indicate below if there are known periods prior to your tour during which you will need your passport for another international trip or when you will not be available to sign for the return of your passport.

I will need my passport(s) for other international travel from / / to / /
Month Day Year Month Day Year

I will not be at my home and/or return shipping address from / / to / /
Month Day Year Month Day Year

CREDIT CARD AUTHORIZATION: AMEX / VISA / MC (please circle one)

Cardholder Name: _____ Signature: _____ Billing Zip Code: _____

Card #: _____ CID# _____ Expires: / / Amount US\$ _____
Mo Yr

TRAVCOA ULTIMATE AFRICA(KENYA55/TANZANIA105/ZAMBIA90/ZIMB105)75 (KENYA APP)10 FX30 695/1360
10PGS(4 SETS FACING FOR S.AFRICA) VAL 03/19/16 DL 06/30/15 275.00 3.5%

IMPORTANT NOTICE REGARDING PASSPORT PAGES & VALIDITY:

You must have at least ten (10) blank unused pages available in your passport for visas and entry/exit stamps including four (4) sets of blank facing visa pages, but not including those reserved for amendments and endorsements. In addition, your passport must be valid for six (6) months beyond the completion of your international travel. If you are a U.S. citizen, and need to renew or add pages to your passport Pinnacle Travel Document Systems can easily assist you with this at the same time your visas are being processed. The total additional fees for these services (including U.S. government expediting fees) are \$222.00 for passport pages and \$250.00 for passport renewals. We can also assist you with expediting first time passport applications.

You will need to complete an application form and a letter of authorization for PTDS and must send your actual passport to us. Specific requirements and the necessary forms are available for download from our Internet site:

Passport Pages
Passport Renewals
First Time Passports
Second Passports

www.Traveldocs.com/PTDSPassports

You may also contact us via email or phone at
TRAVCOA@PinnacleTDS.com
or 888-838-4867 and we will send you an instruction kit.

Online Visa Application Form for Kenya

All application forms must be completed online at the following web page:
<http://kenyaembassy.com/dcservices/appforvisaonline.aspx>

Please click on the link above or copy and paste or be careful to type the link exactly as shown above directly into your web browser address window and NOT into your search engine, e.g. Google or Yahoo otherwise you will not reach the application. Please note when you click on the link above you must scroll to the bottom of the Kenyan Embassy website instruction page and click "Continue with Online Application". Please disregard the instructions on the Kenya website. Follow PTDS instructions found in this document only.

Refer to the sample visa application included for information regarding dates and sponsoring organizations in Kenya.
Please use information verbatim and substitute your personal information.

Please note that this online format is the only acceptable application.
No handwritten applications will be accepted.

Please print the online form and include it with your documents.
Application forms must be printed on two separate pieces of paper.
Application forms printed back to back on a single page are **NOT** accepted.
All forms must bear your original signature.

Please be careful when completing your application to avoid delays.

Please be aware that the above link is maintained by a Kenyan government sub-contractor and can sometimes be unavailable or not functioning properly. Please be patient and try again if you experience difficulties with this process.

Kenya Visa Application – Sample Data Input

Type of Visa: **Multiple Entry**
First Name: **Johnathan**
Middle Name: **Bonham**
Last Name: **Doe**
Date of Birth (ddmmyy): **13/03/1961**
Place of Birth: **Los Angeles, CA**
Country of Birth: **USA**
Profession/Occupation: **Retired**
Nationality at Birth: **USA**
Present Nationality: **USA**
Street Address: **1234 Main Street CA, 98765**
Email Address: **Jdoe@anywhere.com**
Father/Husband/Wife Name: **Joanna Bach Doe (Wife)**
Name of Husband/Wife: **Joanna Bach Doe (Wife)**

Passport Number: **9876543210**
Place of Issue: **US Dept. of State**
Date of Issue (ddmmyyy): **09/05/2010**
Issuing Authority: **US Dept. of State**
Valid Until (ddmmyyy): **08/05/2020**
Country of Residence: **CA. 98765 USA 987-654-3210**
Reason for Entry: **Tourism Pre Paid Tour**
Proposed Date of Entry (ddmmyyy): **Per Your Itinerary**
Proposed Date of Departure (ddmmyyy): **06/09/2015**
Name of Contact in Country: **Pollmans Tours & Safari LTD box 45895 Nairobi GP) 00100**
Dates and Duration of previous visits: **N/A**
Returning to country of Residence: **Yes**

Enter the code shown to finish the application process. Please do not forget to sign and date your application and send it with all other

documents to:

**Pinnacle Travel Document Systems
1625 K Street NW Suite 750
Washington DC, 20006**

Please use sample information verbatim and substitute your personal information.

VISA UPDATE FOR 2011

For those who will be arriving in Kenya on and after July 1st 2011, the visa fees are:

SINGLE VISA \$50.00
MULTIPLE ENTRY VISA \$100.00
TRANSIT VISA \$20.00

Please submit your application with the correct fee as stated above depending on your travel plans to avoid delay in processing your Visa.

VS430183KE



EMBASSY OF THE REPUBLIC OF KENYA

2249 R STREET, N.W.
WASHINGTON, D.C. 20008
Tel: (202) 387-6101
Fax: (202) 462-3829

VISA APPLICATION FORM
(To Be Completed In Block Letters)

VISA TYPE : SINGLE 50.00

1. A. Surname (Mr. /Mrs. / Miss) DOE B. Other Names In Full JONATHAN BONHAM

C. Full Name Father/ Husband/ Wife JOANNA BACH DOE

2. A. Date of Birth 13/03/1961 Country and Place of Birth USA L.A. Sex MALE

B. Profession/ Occupation ENGINEER

3. A. Country of Residence US

B. Nationality at Birth US

C. Present Nationality, if different US

4. Passport/ Travel Document Held:

A. No: 0987654321 Place & Date of Issue US Dept of State, 09/05/2010

B. Issued By US DEPT OF STATE Valid Until 08/05/2020

(Name of Authority issuing Passport/ Travel Document)

5. Contact Address and Telephone number in the USA

1234 MAIN STREET, ANYWHERE CA. 98765 987-654-3210

6. A. Reason For Entry TOURISM PRE PAID TOUR

B. Proposed Date of Entry PER YOUR ITINERARY Duration of Stay PYI

7. Full names and Addresses of Friends, Firms or Relatives To Be Visited, if any:

POLLMANS TOURS & SAFARI LTD BOX 45895

NAIROBI, KENYA GPO 00100

8. Dates and duration of previous visits to Kenya N/A

9. Will You Be Returning To Your Country of Residence/ Domicile? YES

10. It should be noted that possession of a visa is not the final authority to enter Kenya.

I hereby declare that the foregoing particulars are correct in every detail.

Date: 08/04/2012 09:52:40 Signature of Applicant: _____

PLEASE DO NOT FORGET TO SIGN AND DATE YOUR APPLICATION

PLEASE STAPLE
1 PHOTO HERE
TO BOTH OF
YOUR VISA
APPLICATIONS



ZIMBABWE VISA APPLICATION

DATE-STAMP

To be completed in English (in block capitals) by each adult requiring a visa
No fee is charged for this visa, neither are passports or photographs required to accompany this application

1. Surname (Mr./Mrs./Miss) DOE Sex MALE Official use only

2. First names JONATHAN BONHAM

3. Date of birth 13 MAR 1961 Place of birth LOS ANGELES CA USA

4. Present nationality: USA Previous NONE
(as per passport)

5. Passport number 0123456789 Place of issue US DEPT OF STATE
Date of issue 10 MAY 2005 Date of expiry 09 MAY 2015

6. Particulars of wife/husband (who must complete a separate application if travelling)

(a) Surname DOE

(b) First names JOANNA PAGE

(c) Date of birth 16 JAN 1961 Place of birth LOS ANGELES CA USA

7. Particulars of children under 18 who will accompany the applicant.

Full names	Place of birth	Date of birth	Passport No.
COMPLETE ONLY IF APPLICABLE			

8. Applicant's present occupation ENGINEER

9. Purpose of visit TOURISM - PREPAID TOUR WITH TRAVCOA

10. Normal residential address 1234 MAIN STREET ANYWHERE CA 98765

11. Proposed address in Zimbabwe (include name of person or business to be visited if applicable)
VICTORIA FALLS SAFARI CLUB

12. Period of visit intended: From SEPTEMBER 9, 2015 To SEPTEMBER 11, 2015

13. Please complete but do not detach:

APPLICANT'S DETAILS

Surname DOE

First names JONATHAN BONHAM

Date and place of birth 13 MAR 1961 LOS ANGELES CA USA

Accompanying children under 18.

Names	Date of birth
<u>NONE</u>	

OFFICIAL USE ONLY
VISA AUTHORITY

VISA APPLICATION (continued)

- 14. Intended place of entry into Zimbabwe VICTORIA FALLS
- 15. Dates of previous entries into Zimbabwe COMPLETE ONLY IF APPLICABLE
- 16. Address to which visa should be sent PINNACLE TDS 1625 K ST. NW SUITE 750 WASHINGTON DC 20006
- 17. Any criminal convictions sustained by applicant are to be detailed below. (Minor infringements of by-laws may be ignored.)

CONTACT PINNACLE TDS IF APPLICABLE

Note.—All visitors to Zimbabwe must be in possession of return tickets (or funds in lieu) and sufficient funds to support themselves. The granting of a visa is not a guarantee of entry, and holders are also required to comply with the requirements of the Immigration Act, 1979.

PLEASE DO NOT FORGET TO SIGN AND DATE BOTH OF YOUR VISA APPLICATIONS

OFFICIAL USE ONLY

Signature of applicant

Date Place

Your application will only be processed if this form is FULLY completed.

When completed this form should be dispatched by Air Mail to THE CHIEF IMMIGRATION OFFICER, PRIVATE BAG 7717, CAUSEWAY, ZIMBABWE

DO NOT FORGET to complete the address box below—your visa will be sent to this address.



DO NOT DETACH

1. Write the name and address you wish the visa to be sent to in the box opposite

Name

2. DO NOT DETACH this Form.

Address

3. This Form will be returned to you with the visa authority endorsed thereon.

PINNACLE TDS
1625 K STREET NW SUITE 750
WASHINGTON DC 20006



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
www.zambiaembassy.org

PLEASE PAPERCLIP
 ONE (1) COLOR
 PHOTO SIGNED ON
 THE REVERSE
 HERE ON BOTH
 COPIES OF YOUR
 APPLICATION

VISA APPLICATION FORM

1. Surname: DOE		2. First Name: Jonathan		Middle Name: Bonham			
3. Date of Birth: 13 MAR 1961		Place of Birth: Los Angeles CA USA		4. Nationality: USA			
5. Profession: Engineer		Business Telephone No. (987) 654-0123		6. Nationality of Parents at time of Birth: USA			
7. Passport No. 0123456789 Date of Issue: 1 0MAY 2005		8. Place of Issue: US Dept of State Date of Expiration: 09 MAY 2015					
9. 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			
COMPLETE AS APPLICABLE							
10. Present Address: Telephone No.		1234 Main Street Anywhere CA 98765 (987) 654-3210 Email: JDoe@anywhere.net					
11. Permanent Address: Telephone No.		SAME AS ABOVE () Email:					
12. (a) Type of Visa Requested: Tourist <input checked="" type="checkbox"/> Business <input type="checkbox"/> Church Business <input type="checkbox"/> Visitor <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Student <input type="checkbox"/> Transit <input type="checkbox"/> Volunteer <input type="checkbox"/> Courtesy <input type="checkbox"/>							
(b) Entry requested: Single <input checked="" type="checkbox"/> Double <input type="checkbox"/> Multiple <input type="checkbox"/>							
(c) Date of entry into Zambia: SEPTEMBER 6, 2015							
(d) Length of Stay in Zambia: 4 DAYS							
13. Final Destination of Journey in Zambia: LUANGWA NATIONAL PARK, ZAMBIA			Address in Zambia: MFUWE LODGE				
14. Expected Departure Date from Zambia: SEPTEMBER 9, 2015			Next Destination from Zambia: VICTORIA FALLS, ZIMBABWE				
15. Duration and Particulars of any previous residence or visits in Zambia: COMPLETE IF APPLICABLE							
16. If traveling on business, please list names and addresses of persons to be visited in Zambia: LEAVE BLANK							
17. If visiting relatives or friends, please list names and addresses of persons to be visited in Zambia: LEAVE BLANK UNLESS APPLICABLE							
18. Signature of Applicant: PLEASE DO NOT FORGET TO SIGN & DATE BOTH YOUR APPLICATIONS Date: _____ For official use only:							
Date	Tag #	Visa fee	Rush Fee	Payment	Visa #	Receipt#	Notations



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.

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
PLEASE PAPERCLIP

- Surname or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.) DOE
First Names in Full Jonathan Bonham
Former or Maiden Name (if different from above) MARRIED FEMALES ONLY
 - Date of Birth (DD/MM/YY) 13/03/1961 Sex (M/F) M
 - Place of Birth Los Angeles CA Country of Birth USA
Current Nationality (State if Dual Nationality) USA
Nationality at Birth USA
 - Marital Status (Mark): Single Married Divorced Widowed Legally Separated.
 - Passport No 0123456789 Date Issued 10 MAY 05 Valid Until 09MAY15
Issued At USDS Issuing Authority US DEPT OF STATE
 - Profession/Occupation Engineer
Employer Address: 4321 Main Street Anywhere CA 98765
 - Current Address 1234 Main Street Anywhere CA 98765
Tel. 987-654-3210 Fax NONE E-mail JDoe@anywhere.net
 - Name of Travel Agent/Tour Operator TRAVCOA
 - Contact Person(s) in Tanzania Ranger Safaris
Address P.O. Box 9 Arusha, Tanzania 255-27-2544994
 - Date of Entry SEPTEMBER 3, 2015 Departure Date SEPTEMBER 6, 2015
Duration of Stay 4 DAYS (Max. 90 Days)
- Type of Visa Requested** **Travel Visa** **Transit Visa**

11. Purpose of visit

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Leisure, Holiday | <input type="checkbox"/> Other 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 Double Multiple.
- In Case Of Transit: Do you have an Entry Permit for the Final Country of Destination? | No Yes Valid Until: LEAVE BLANK - NOT APPLICABLE
- Budget Available For Your Stay PREPAID TOUR WITH TRAVCOA
- I Hereby Declare That The Information Stated Above Is True And Correct :
PLEASE DO NOT FORGET TO SIGN & DATE YOUR APPLICATION
Signature of Applicant _____ Date _____



ZIMBABWE VISA APPLICATION

DATE-STAMP

To be completed in English (in block capitals) by each adult requiring a visa
No fee is charged for this visa, neither are passports or photographs required to accompany this application

1. Surname (Mr./Mrs./Miss)	Sex	Official use only
2. First names		
3. Date of birth	Place of birth	
4. Present nationality:	Previous	
5. Passport number	Place of issue	
Date of issue		Date of expiry
6. Particulars of wife/husband (who must complete a separate application if travelling)		
(a) Surname		
(b) First names		
(c) Date of birth		
Place of birth		

7. Particulars of children under 18 who will accompany the applicant.

Full names	Place of birth	Date of birth	Passport No.

8. Applicant's present occupation

9. Purpose of visit TOURISM - PREPAID TOUR WITH TRAVCOA

10. Normal residential address

11. Proposed address in Zimbabwe (include name of person or business to be visited if applicable)
VICTORIA FALLS SAFARI CLUB

12. Period of visit intended: From SEPTEMBER 9, 2015 To SEPTEMBER 11, 2015

13. Please complete but do not detach:

APPLICANT'S DETAILS

Surname

First names

Date and place of birth

Accompanying children under 18.

Names	Date of birth

OFFICIAL USE ONLY
VISA AUTHORITY

VISA APPLICATION (continued)

- 14. Intended place of entry into Zimbabwe VICTORIA FALLS
- 15. Dates of previous entries into Zimbabwe _____
- 16. Address to which visa should be sent PINNACLE TDS 1625 K ST. NW SUITE 750 WASHINGTON DC 20006
- 17. Any criminal convictions sustained by applicant are to be detailed below. (Minor infringements of by-laws may be ignored.)

Note.—All visitors to Zimbabwe must be in possession of return tickets (or funds in lieu) and sufficient funds to support themselves. The granting of a visa is not a guarantee of entry, and holders are also required to comply with the requirements of the Immigration Act, 1979.

	OFFICIAL USE ONLY
<i>Signature of applicant</i>	
Date Place	

Your application will only be processed if this form is FULLY completed.

When completed this form should be dispatched by Air Mail to **THE CHIEF IMMIGRATION OFFICER, PRIVATE BAG 7717, CAUSEWAY, ZIMBABWE**

DO NOT FORGET to complete the address box below—your visa will be sent to this address.



DO NOT DETACH

- 1. Write the name and address you wish the visa to be sent to in the box opposite
- 2. DO NOT DETACH this Form.
- 3. This Form will be returned to you with the visa authority endorsed thereon.

Name	PINNACLE TDS
Address	1625 K ST. NW SUITE 750 WASHINGTON DC 20006



ZIMBABWE VISA APPLICATION

DATE-STAMP

To be completed in English (in block capitals) by each adult requiring a visa
No fee is charged for this visa, neither are passports or photographs required to accompany this application

1. Surname (Mr./Mrs./Miss)	Sex	Official use only
2. First names		
3. Date of birth	Place of birth	
4. Present nationality:	Previous	
5. Passport number	Place of issue	
Date of issue		Date of expiry
6. Particulars of wife/husband (who must complete a separate application if travelling)		
(a) Surname		
(b) First names		
(c) Date of birth		
Place of birth		

7. Particulars of children under 18 who will accompany the applicant.

Full names	Place of birth	Date of birth	Passport No.

8. Applicant's present occupation

9. Purpose of visit TOURISM - PREPAID TOUR WITH TRAVCOA

10. Normal residential address

11. Proposed address in Zimbabwe (include name of person or business to be visited if applicable)
VICTORIA FALLS SAFARI CLUB

12. Period of visit intended: From SEPTEMBER 9, 2015 To SEPTEMBER 11, 2015

13. Please complete but do not detach:

APPLICANT'S DETAILS		OFFICIAL USE ONLY VISA AUTHORITY
Surname		
First names		
Date and place of birth		
Accompanying children under 18.		
Names	Date of birth	

VISA APPLICATION (continued)

- 14. Intended place of entry into Zimbabwe VICTORIA FALLS
- 15. Dates of previous entries into Zimbabwe _____
- 16. Address to which visa should be sent PINNACLE TDS 1625 K ST. NW SUITE 750 WASHINGTON DC 20006
- 17. Any criminal convictions sustained by applicant are to be detailed below. (Minor infringements of by-laws may be ignored.)

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	OFFICIAL USE ONLY
<i>Signature of applicant</i>	
Date Place	

Your application will only be processed if this form is FULLY completed.

When completed this form should be dispatched by Air Mail to **THE CHIEF IMMIGRATION OFFICER, PRIVATE BAG 7717, CAUSEWAY, ZIMBABWE**

DO NOT FORGET to complete the address box below—your visa will be sent to this address.



DO NOT DETACH

- 1. Write the name and address you wish the visa to be sent to in the box opposite \Rightarrow
- 2. DO NOT DETACH this Form.
- 3. This Form will be returned to you with the visa authority endorsed thereon.

Name	PINNACLE TDS
Address	1625 K ST. NW SUITE 750 WASHINGTON DC 20006

**EMBASSY OF THE REPUBLIC OF ZAMBIA**2419 Massachusetts Avenue,
NW Washington, DC 20008
E-mail: embzambia@aol.comTelephone: (202) 265-9717
Facsimile: (202) 332-0826
www.zambiaembassy.org**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:					
9. 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:					
11. Permanent Address:							
Telephone No. ()		Email:					
12. (a) Type of Visa Requested: Tourist <input checked="" type="checkbox"/> Business <input type="checkbox"/> Church Business <input type="checkbox"/> Visitor <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Student <input type="checkbox"/> Transit <input type="checkbox"/> Volunteer <input type="checkbox"/> Courtesy <input type="checkbox"/>							
(b) Entry requested: Single <input checked="" type="checkbox"/> Double <input type="checkbox"/> Multiple <input type="checkbox"/>							
(c) Date of entry into Zambia: <u>SEPTEMBER 6, 2015</u>							
(d) Length of Stay in Zambia: <u>4 DAYS</u>							
13. Final Destination of Journey in Zambia: LUANGWA NATIONAL PARK, ZAMBIA			Address in Zambia: MFUWE LODGE				
14. Expected Departure Date from Zambia: <u>SEPTEMBER 9, 2015</u>			Next Destination from Zambia: VICTORIA FALLS, ZIMBABWE				
15. Duration and Particulars of any previous residence or visits in Zambia:							
16. If traveling on business, please list names and addresses of persons to be visited in Zambia:							
17. 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

Rev. 04/2006

**EMBASSY OF THE REPUBLIC OF ZAMBIA**2419 Massachusetts Avenue,
NW Washington, DC 20008
E-mail: embzambia@aol.comTelephone: (202) 265-9717
Facsimile: (202) 332-0826
www.zambiaembassy.org**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:					
9. 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:					
11. Permanent Address:							
Telephone No. ()		Email:					
12. (a) Type of Visa Requested: Tourist <input checked="" type="checkbox"/> Business <input type="checkbox"/> Church Business <input type="checkbox"/> Visitor <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Student <input type="checkbox"/> Transit <input type="checkbox"/> Volunteer <input type="checkbox"/> Courtesy <input type="checkbox"/>							
(b) Entry requested: Single <input checked="" type="checkbox"/> Double <input type="checkbox"/> Multiple <input type="checkbox"/>							
(c) Date of entry into Zambia: <u>SEPTEMBER 6, 2015</u>							
(d) Length of Stay in Zambia: <u>4 DAYS</u>							
13. Final Destination of Journey in Zambia: LUANGWA NATIONAL PARK, ZAMBIA			Address in Zambia: MFUWE LODGE				
14. Expected Departure Date from Zambia: <u>SEPTEMBER 9, 2015</u>			Next Destination from Zambia: VICTORIA FALLS, ZIMBABWE				
15. Duration and Particulars of any previous residence or visits in Zambia:							
16. If traveling on business, please list names and addresses of persons to be visited in Zambia:							
17. 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

Rev. 04/2006



THE EMBASSY OF THE UNITED REPUBLIC OF TANZANIA

1232 22nd St. NW, Washington DC, 20037
Tel. (202) 939-6125 and (202) 884-1080 Fax (202) 797-7408

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

- Surname or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.) _____
First Names in Full _____
Former or Maiden Name (if different from above) _____
- Date of Birth (DD/MM/YY) _____ Sex (M/F) _____
- Place of Birth _____ Country of Birth _____
Current Nationality (State if Dual Nationality) _____
Nationality at Birth _____
- Marital Status (Mark): Single Married Divorced Widowed Legally Separated.
- Passport No _____ Date Issued _____ Valid Until _____
Issued At _____ Issuing Authority _____
- Profession/Occupation _____
Employer Address: _____
- Current Address _____
Tel. _____ Fax _____ E-mail _____
- Name of Travel Agent/Tour Operator TRAVCOA
- Contact Person(s) in Tanzania Ranger Safaris
Address P.O. Box 9 Arusha, Tanzania 255-27-2544994
- Date of Entry SEPTEMBER 3, 2015 Departure Date SEPTEMBER 6, 2015
Duration of Stay 4 DAYS (Max. 90 Days)
- Type of Visa Requested Travel Visa Transit Visa
- Purpose of visit

<input checked="" type="checkbox"/> Leisure, Holiday	<input type="checkbox"/> Other 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 Double Multiple.
- In Case Of Transit: Do you have an Entry Permit for the Final Country of Destination? No Yes Valid Until:
- Budget Available For Your Stay PRE PAID TOUR
- I Hereby Declare That The Information Stated Above Is True And Correct :

Signature of Applicant _____ Date _____