

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

Visa requirements shown below are for CITIZENS OF THE U.S. ONLY. Nationals of all other countries please contact Pinnacle Travel Document Systems directly for specific requirements associated with your itinerary.



## South Africa & Botswana Explorer

Visa(s)	#	#		Cost		
Req'd	Forms	Photos		1 – Persons - 2		
Zambia	2	2	\$195.00	\$360.00		

Application	Expedite Fee
Deadline	Per Person
(30 days prior to your departure)	\$95.00

PHOTOS FOR ZAMBIAN VISA MUST BE SIGNED ON THE REVERSE SIDE. VISAS ARE QUOTED FOR SINGLE ENTRY ONLY. NOTE THAT SOUTH AFRICA REQUIRES THAT YOU HAVE ONE SET OF FACING BLANK VISA PAGES FOR EACH ENTRY.

PLEASE USE ENCLOSED SAMPLE INFORMATION VERBATIM AND SUBSTITUTE YOUR PERSONAL INFORMATION.

Fees shown above include all necessary consular and service fees as well as the cost to return your passport(s) from our offices via FedEx 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 two (2) photographs and (2) visa application forms for Zambia. Please also enclose two (2) clear photocopies of the vital information page of your passport. Photographs should be recently shot passport-type color photos with a clear background approximately 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 for a minimum of six (6) months beyond the completion of your travel and must have at least six (6) blank unused pages available including 2 sets of facing blank visa pages 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 should be received in our offices no fewer than 30 days prior to your departure from your shipping address. Documents received after the deadline will be subject to the per person expediting 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. If you have international travel between the deadline above and the departure of your tour you may need to obtain a second passport in order to accommodate your travel. 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 is accepted. Credit card payment subject to 3.5% surcharge.





#### PLEASE BE CERTAIN TO RETURN THE FOLLOWING TO:

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



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

PLEASE PRINT CLEARLY							
Full Name (1):	Full Name (2):						
Passport #: Exp:/ Exp:/	Passport #: Exp: Exp:						
Home	Home Tel:						
Mailing	Work Tel:						
Address:	Email:						
(FedEx cannot deliver to PO boxes)	Date of Departure from Home: Month / Day / Year -						
Address	Tour Name: S. Africa & Botswana Explorer						
For the	Date of Tour Departure: Month / Day / Year						
Return of	Special Instructions:						
Passport:							
Tel:							
for another international trip or when you will not	prior to your tour during which you will need your passport be available to sign for the return of your passport.  travel from/ to to						
	Idress from// to//						
CREDIT CARD AUTHORIZATION: AMEX / VISA							
Cardholder Name:							
Card #:CID#	Expires:/ Amount US\$						
A&K S. AFRICA & BOTSWANA EXPLORER (ZAMBIA DAYS 95.00	A90)75 195/360 3.5% FX 30 6PGS VAL 6 MTHS DL 30						
©2015 Pinnacle Travel Document Systems							

# IMPORTANT NOTICE REGARDING PASSPORT PAGES & VALIDITY:

You must have at least six (6) blank unused pages available in your passport for visas and entry/exit stamps including 2 sets of fully blank facing pages to cover your entries to South Africa. 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 and second passports. 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 <a href="mailto:rour@PinnacleTDS.com"><u>TOUR@PinnacleTDS.com</u></a> or 888-838-4867 and we will send you an instruction kit.

### 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 STAPLE 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 C					4. Nationality: Se Ma			
5. Profession: Business Tel			Business Tele ( 987 ) 654-01		6. Natio	Nationality of Parents at time of Birth:  A		
7. Passpo	ort No. 0123	456789		8. Place of Issue: US Dept of State				
	f Issue: 10M			Date of Expiration: 09 MAY 2015				
9. If ac	companied by Full Name (			ne following partic te & Place of Birth		te: Every applicant	fills out an individe Relationship	ual form)
COMPLETE	AS APPLICABLI	=						
								7
10 0					V			
	ent Address:	1234	Main Street	Anywhere	CA 98	765		/
Tele	phone No.	( 987	) 654-3210		Email:	JDoe@anywhere.net		
11. Perm	nanent Addres	s: SAME	AS ABOVE					
	phone No.	(			Email:			
12. (a)	Type of Visa I	Requested: To	ourist 🗸 Bu	usiness ( C	hurch Bus	iness Visi	tor Diplo	matic (
		Of	fficial St	tudent ( T	ransit (	) Volu	nteer Cou	ırtesy (
/(b) /	Entry requeste	d: Siı	ngle 🔲	Double (			EASE TICK SI	
(c)	Date of entry	into Zambia: P	ER YOUR PERS	ONAL ITINERARY	<i>(</i>		OUBLE OR MUI ITRY BASED C	
							NERARY	714 TOOK
(d)	(d) Length of Stay in Zambia: PER YOUR PERSONAL ITINERARY							
VICTO	13. Final Destination of Journey in Zambia: VICTORIA FALLS  Address in Zambia: ROYAL LIVINGSTONE HOTEL, LIVINGSTONE ZAMBIA							
14. Expe	ected Departur	e Date from Za	ımbia: <sub>PER YOUR</sub>	ITINERARY Next		on from Zambia: SOUTH AFRICA		
	ntion and Parti		evious residence	or visits in Zamb	ia:			
			t names and add	resses of persons to	n he visite	d in Zambia:		
	AVE BLA	-	t names and addi	resses of persons u	o oc visite	u iii Zamoia.		
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:								
Date				Payment	Visa #	Receipt#	Notati	ons



### 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

#### **VISA APPLICATION FORM**

1. Surname:			2. First Name:	Middle Name:				
3. Date o	of Birth:		Place of Birth: 4. I			Nationality:		Sex:
5. Profes	5. Profession: Business Tele			lephone No. 6. Nationality of Parents at time of Birth:				
7. Passpo	ort No.			8. Place of Issue:	•			
Date o	of Issue:			Date of Expira	tion:			
9. If ac	companied by Full Name (			e following partice & Place of Birth			<b>ills out an individ</b> Relationship	ual form)
10. Pres	ent Address:							
Tele	phone No.	(	)		Email:			
11. Perm	nanent Addres	s:	,					
Tele	phone No.	(	)		Email:			
	Type of Visa l	Requested: To	ourist 🕢 Bu	usiness ( C	hurch Busine	ess Visi	tor Diplo	matic (
		Of	fficial S	tudent ( T	Transit (	Volur	nteer Cou	ırtesy (
(b)	Entry requeste	ed: Sin	ngle 🔲	Double (	M	Iultiple		
(c)	Date of entry	into Zambia: _			_			
(d)	Length of Sta	y in Zambia: _						
13 Fina	1 Destination	of Journey in 7:	amhia:	Address in Zam	hia:			
VICTO	VICTORIA FALLS ROYAL LIVINGSTONE HOTEL, LIVINGSTONE ZAMBIA							
14. Expe	ected Departu	re Date from Za	ambia:			from Zambia: OUTH AFRICA		
15. Dura	ation and Parti	culars of any pr	revious residence	or visits in Zamb	ia:			
16. If tra	16. If traveling on business, please list names and addresses of persons to be visited in Zambia:							
10. 11 010	vveiling on our	mess, preuse no	or mannes who was	esses of persons t	0 00 (151004)			
17. If visiting relatives or friends, please list names and addresses of persons to be visited in Zambia:								
18. Signature of Applicant: Date:								
	ial use only:	Vian for	Duck 5	Day 110 4	V: 4	Dans!::4#	A1 - 4 : 41	
Date	Tag#	Visa fee	Rush Fee	Payment	Visa #	Receipt#	Notati	ons

Rev. 04/2006



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#### **VISA APPLICATION FORM**

1. Surname:			2. First Name:	Middle Name:				
3. Date o	of Birth:		Place of Birth: 4. I			Nationality:		Sex:
5. Profes	5. Profession: Business Tele			lephone No. 6. Nationality of Parents at time of Birth:				
7. Passpo	ort No.			8. Place of Issue:	•			
Date o	of Issue:			Date of Expira	tion:			
9. If ac	companied by Full Name (			e following partice & Place of Birth			<b>ills out an individ</b> Relationship	ual form)
10. Pres	ent Address:							
Tele	phone No.	(	)		Email:			
11. Perm	nanent Addres	s:	,					
Tele	phone No.	(	)		Email:			
	Type of Visa l	Requested: To	ourist 🕢 Bu	usiness ( C	hurch Busine	ess Visi	tor Diplo	matic (
		Of	fficial S	tudent ( T	Transit (	Volur	nteer Cou	ırtesy (
(b)	Entry requeste	ed: Sin	ngle 🔲	Double (	M	Iultiple		
(c)	Date of entry	into Zambia: _			_			
(d)	Length of Sta	y in Zambia: _						
13 Fina	1 Destination (	of Journey in 7:	amhia:	Address in Zam	hia:			
VICTO	VICTORIA FALLS ROYAL LIVINGSTONE HOTEL, LIVINGSTONE ZAMBIA							
14. Expe	ected Departu	re Date from Za	ambia:			from Zambia: OUTH AFRICA		
15. Dura	ation and Parti	culars of any pr	revious residence	or visits in Zamb	ia:			
16. If tra	16. If traveling on business, please list names and addresses of persons to be visited in Zambia:							
10. 11 010	vveiling on our	mess, preuse no	or mannes who was	esses of persons t	0 00 (151004)			
17. If visiting relatives or friends, please list names and addresses of persons to be visited in Zambia:								
18. Signature of Applicant: Date:								
	ial use only:	Vian for	Duck 5	Day 110 4	V: 4	Dans!::4#	A1 - 4 : 41	
Date	Tag#	Visa fee	Rush Fee	Payment	Visa#	Receipt#	Notati	ons

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