



ZAMBIA

Visa Requirements:

- ! Signed Passport valid for six months with at least one blank visa page.
- ! Two visa application form completed and signed.
- ! Two passport sized photos 2" x 2" ONLY. PLEASE SIGN the BACK of the PICTURES.
- ! A letter of Financial Responsibility from your company in the U.S. (For business visa).
- ! Copy of flight itinerary from the travel agent or a copy of tickets.
- ! Copy of your Green Card (For Non-U.S. Citizens).
- ! An invitation letter from the host in Zambia (For business visa).

Processing Fees:

Processing Time:	American Visa of DC Fee:	Embassy Fee	Fed Ex Shipping Fee	TOTAL
Five Days Single Entry:	\$55	\$50	\$30	\$135
Next Day Single Entry	\$95	\$90	\$30	\$215
Same Day Single Entry	\$130	\$100	\$30	\$260
Five Day Double Entry	\$55	\$80	\$30	\$165
Next Day Double Entry	\$95	\$120	\$30	\$245
Same Day Double Entry	\$130	\$130	\$30	\$290

- ! Please add \$15 for all applications submitted that are for Non U.S. citizens.
- ! The Embassy requires payment by money order only. We will add \$25 if one is not provided.
- ! Multiple entry visas are issued only with approval from the Zambian foreign ministry.

Validity of Visas:

- ! Tourist and Business visas are valid for three or six months with a maximum stay of 90 days.

Jurisdiction:

- ! Residents of all states can be processed in Washington DC.

Payment Options:

- ! Payment may be made by personal or company check, money order or by credit card (American Express, Master Card, Visa or Discover).

1801 Columbia Rd, NW #205, Washington, DC 20009
Tel: 202-462-5908 Fax: 202-387-5430
Email: info@americanvisadc.com



EMBASSY OF THE REPUBLIC OF ZAMBIA
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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 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 () Business () Church Business () Visitor () Diplomatic () Official () Student () Transit () Volunteer () Courtesy ()					
(b) Entry requested: Single () Double () Multiple ()					
(c) Date of entry into Zambia: _____					
(d) Length of Stay in Zambia: _____					
13. Final Destination of Journey in Zambia:			Address in Zambia:		
14. Expected Departure Date from Zambia:			Next Destination from Zambia:		
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

Revised July 2005