

For office use only

Visa No.

ERV No.



ONE PASSPORT
PHOTO
5cm X 5cm
2" X 2"
Do not paste or staple

THE HIGH COMMISSION OF THE UNITED REPUBLIC OF TANZANIA
50 RANGE ROAD., OTTAWA, ONTARIO, K1N 8J4, TEL: 613 232 1509; FAX: 613 232 5184
E-MAIL: contact@tzrepottawa.ca; WEB: www.tzrepottawa.ca
VISA APPLICATION FORM
(Visa regulations and requirements on next page)

- Surname/Family Name;.....Gender (M/F):.....
- Given names:.....Marital Status:
(PLEASE PRINT ALL NAMES CLEARLY, NO INITIALS)
- Place of birth (City, Country)..... Date of birth (DD/MM/YY).....
- Nationality at birth: Present nationality:.....
- Current address: City:
- Province:..... Postal Code: Country:.....
- Tel: Home:Office:..... E-mail:
- Occupation:
- Passport number: Place of issue (City):.....
- Date of issue (DD/MM/YY):..... Expiry date (DD/MM/YY):.....
- Purpose of visit:

<input type="checkbox"/>	Tourism, Leisure, Holiday,	<input type="checkbox"/>	Other business: work, volunteer work , research, filming.	<input type="checkbox"/>	Various
<input type="checkbox"/>	Visiting friends, relatives	<input type="checkbox"/>	Study, Internship	<input type="checkbox"/>	Diplomatic
<input type="checkbox"/>	Mission	<input type="checkbox"/>	Transit	<input type="checkbox"/>	Official
<input type="checkbox"/>	Business, Meeting, Conference	<input type="checkbox"/>	Health Treatment	<input type="checkbox"/>	Same day visitor

If other than Tourism or Visiting, please provide further details:.....

- Address in Tanzania, including reference:
- Requested number of entries: Single Double Multiple
- Date leaving Canada: Date entering Tanzania:
- If Double or Multiple entry, indicate last date of entry into Tanzania:
- Duration of (each) stay: Date of departure
- Declaration: I hereby declare that the information stated above is true and correct:
Signature of applicant: Date:
