



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).

Please Affix Passport Size Photograph here.

1. Surname or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.) _____

First Names in Full _____

Former or Maiden Name (if different from above) _____

2. Date of Birth (DD/MM/YY) _____ Sex (M/F) _____

3. Place of Birth _____ Country of Birth _____

Current Nationality (State if Dual Nationality) _____

Nationality at Birth _____

4. Marital Status (Mark): Single Married Divorced Widowed Legally Separated.

5. Passport No _____ Date Issued _____ Valid Until _____

Issued At _____ Issuing Authority _____

6. Profession/Occupation _____

Employer Address: _____

7. Current Address _____

Tel. _____ Fax _____ E-mail _____

8. Name of Travel Agent/Tour Operator _____ Tanzania Wildlife Company Ltd

9. Contact Person(s) in Tanzania _____ Christelle Lamprecht

10. Address _____ Box 1144 / Plot 604, Kiranyi , Arusha, Tanzania

10. Date of Entry _____ Departure Date _____

Duration of Stay _____ (Max. 90 Days)

Type of Visa Requested Travel Visa Transit Visa

11. Purpose of visit

- Leisure, Holiday
 Visiting friends, relatives
 Mission
 Meeting, Conference

- Other Business
 Study
 Transit
 Health Treatment

- Various
 Diplomatic
 Official
 Same day visitor

12. Requested Number of Entries: Single Double Multiple.

13. In Case Of Transit: Do you have an Entry Permit for the Final Country of Destination? No Yes Valid Until:

14. Budget Available For Your Stay _____

15. I Hereby Declare That The Information Stated Above Is True And Correct :

Signature of Applicant _____ Date _____

IMPORTANT NOTICE & INSTRUCTIONS FOR TANZANIA VISA APPLICANTS

NOTICE IS HEREBY GIVEN THAT, WITH EFFECT FROM THE 1st OF JUNE, 2006,
ALL INCOMPLETE VISA APPLICATION FORMS SHALL NOT BE ACCEPTED.
ALL APPLICANTS ARE STRONGLY ADVISED TO OBSERVE AND COMPLY WITH ALL VISA
REGULATIONS AND REQUIREMENTS OUTLINED BELOW BEFORE SUBMITTING AN APPLICATION.

1. A VISA FORM SHOULD BE SUBMITTED WITH A VALID PASSPORT – AT LEAST SIX MONTHS BEFORE EXPIRY.
2. APPLICATION FORMS SHOULD BE ACCOMPANIED BY ONE (1) RECENTLY TAKEN PASSPORT SIZE PHOTOGRAPH AND A SUFFICIENTLY STAMPED SELF-ADDRESSED ENVELOPE TO FACILITATE RETURN OF PASSPORT BY THE MOST SECURE MAIL.
3. VISA COST **FOR US PASSPORT HOLDERS IS USD 100.00 FOR SIX MONTHS SINGLE ENTRY**, AND USD 100.00 FOR SIX MONTHS DOUBLE ENTRY. VISAS ARE VALID FOR THE DURATION FROM THE DATE OF ISSUANCE. *AN EXTRA USD 20.00 IS CHARGED FOR RUSH SERVICE, WHICH TAKES THREE (3) WORKING DAYS.*
VISA COST FOR **NON-U.S. PASSPORT HOLDERS IS USD 50.00 FOR SIX MONTHS SINGLE ENTRY.**
4. SINGLE AND DOUBLE TOURIST VISAS ARE VALID FOR STAY OF UP TO THREE MONTHS. FOR A STAY OF MORE THAN THREE MONTHS, SPECIAL PASS WILL BE ISSUED AT ANY IMMIGRATION OFFICE IN THE COUNTRY.
5. VISA PAYMENTS IS BY MONEY ORDER MADE PAYABLE TO TANZANIA EMBASSY. WALK-INS APPLICANTS CAN PAY BY CASH OR MONEY ORDER.
6. VISA PROCESSING TAKES MINIMUM OF FIVE (5) WORKING DAYS.
7. PROVIDE PROOF OF PURCHASE OF TICKET TO AND FROM TANZANIA. ALSO, PROVIDE PROOF OF HAVING SUFFICIENT FUNDS TO MAINTAIN THE APPLICANT WHILE IN TANZANIA.
8. SUPPORT AN APPLICATION FOR A BUSINESS OR PROFESSIONAL ENGAGEMENT VISA WITH A LETTER OF INVITATION FROM A TANZANIAN COUNTERPART OR LETTER OF INTENT FOR THE SAME BY THE SENDING INSTITUTION.
9. VISAS FOR RESEARCH AND JOURNALISM WILL ONLY BE GRANTED AFTER THE APPLICANT HAVE BEEN CLEARED BY THE COMMISSION FOR SCIENCE AND TECHNOLOGY (COSTECH), P.O. BOX 4302, DAR ES SALAAM TEL. NO. 255-22-270.0750 OR 270.0745, FAX NO. 255-22-275313, AND THE TANZANIA INFORMATION SERVICES (MAELEZO): P.O. BOX 9142, DAR ES SALAAM, TEL. NO. 255-22-211-0585 OR 212.2771 OR 211.2860, FAX NO. 255-22-211-3814 OR 211-6474, RESPECTIVELY.
10. A VISA IS VALID FOR SIX MONTHS FROM THE DATE OF ISSUANCE. IN THE EVENT THE VISA EXPIRES BEFORE IT IS UTILIZED, THE APPLICANT WILL HAVE TO RE-APPLY FOR A NEW ONE.
11. NATIONALS OF THE FOLLOWING COUNTRIES DO NOT REQUIRE VISAS WHEN INTENDED STAY DOES NOT EXCEED THREE MONTHS: NAMIBIA, ROMANIA, RWANDA, HONG KONG AND COMMONWEALTH MEMBER STATES EXCEPT UNITED KINGDOM, CANADA, BANGLADESH, NEW ZEALAND, NIGERIA, INDIA AND SOUTH AFRICA.
12. NATIONALS OF THE FOLLOWING COUNTRIES MUST HAVE THEIR REQUEST FOR VISAS REFERRED TO DAR ES SALAAM, TANZANIA: SOMALIA, LEBANON, BANGLADESH, SUDAN, ERITREA, ETHIOPIA, IRAN, IRAQ, TURKEY, PAKISTANI, SRI LANKA, SYRIA, EGYPT, JORDAN, YEMEN, MOROCCO, TUNISIA, U.A.E., SAUDI ARABIA, AFGHANISTAN, NIGERIA AND WEST AFRICAN NATIONALS, ALL REFUGEES AND ALL STATELESS PERSONS. IT IS EMPHASIZED THAT NATIONALS AND PERSONS OF THE MENTIONED CATEGORIES MAY NOT BE ALLOWED ENTRY INTO TANZANIA WITHOUT BEING IN POSSESSION OF REFEREED VISAS.
13. IMMUNIZATION AGAINST CHOLERA AND ANTI-MALARIA PILLS IS RECOMMENDED.
14. YELLOW FEVER VACCINATION IS NOT A REQUIREMENT FOR ENTERING TANZANIA.
15. LICENSE OR CERTIFICATE FOR PETS IS REQUIRED IF TRAVELING WITH PETS.
16. VISAS MAY BE OBTAINED FROM ANY TANZANIAN DIPLOMATIC MISSION ABROAD. VISITORS MAY ALSO OBTAIN VISAS UPON ARRIVAL AT ANY POINT OF ENTRY IN TANZANIA, BUT IT IS ADVISABLE TO SECURE VISAS BEFORE COMMENCING JOURNEY WHENEVER POSSIBLE.

IN THE UNITED STATES OF AMERICA VISAS CAN BE OBTAINED FROM THE FOLLOWING ADDRESSES:

EMBASSY OF THE UNITED REPUBLIC OF TANZANIA- 2139 R STREET, NW WASHINGTON DC, 20008.
TEL 202-884-1080 OR 202-939-6125. FAX 202-797-7408.

THE PERMANENT REPRESENTATIVE OF THE UNITED REPUBLIC OF TANZANIA TO THE UNITED NATIONS-
201 EAST 42ND STREET, SUITE 1700, NEW YORK, NY, 10017
TEL. 212-972-9160 ; FAX 212-682-5232.