Receipt No	64343-4

DATE-STAMP



## ZIMBABWE VISA APPLICATION

DAIL STAM

To be completed in English (in block capitals) by each adult requiring a visa

A non-refundable fee should accompany this application but, neither are passports nor p hotographs required to accompany this application

1.	Surname (Mr./Mrs./Miss)	•	Sex	Official use only
2.	First names			use only
3.	Date of birth		4	
4.	Present nationality:			
••	(as per passport)			
5 1	Passport number	Place of issue	*	7
J. 1	Date of issue			
-		1 3		
6.	Particulars of wife/husband (who must complete			
	(a) Surname			
	(b) First names			
_	(c) Date of birth			
7.	Particulars of children under 18 who will accom	` . * * * * * * * * * * * * * * * * * *	D ( CI )	<b>В</b>
	Full names	Place of birth	Date of birth	Passpon No.
*****			***************************************	
•••••	•		***************************************	
****		,		
8.	Applicant's present occupation			
9.	Purpose of visit			
10.	Normal residential address			
11.	Proposed address in Zimbabwe (include name of	person or business to be v	visited if applicable)	
	`			
12.	Period of visit intended: From		To	
12.	Teriod of visit intended. Troil		20	<i>*</i>
13.	Please complete but do not detach: Receipt No		OFFICE AND ADDRESS OF THE ADDRESS OF	TIAL LICE ONLY
15.	APPLICANT'S DETA		*****	CIAL. USE ONLY SA AUTHÔRITY
Cire	iame :			
	names			
	e and place of birth			
Acco	mpany ing children under 18.	Data of hind		
	Names	Date of birth	1	
			•••••	
•••••		***************************************		
		***************************************		
•	d by the Government Printer, Harare CONTINUE QU	ESTIONNAIRE OVERLEAP		pr.

## VISA APPLICATION (contlhued)

14. Intended place of entr	y into Zimbaby	we				
15. Dates of previous entr						
16. Address to which visa	a should be sen	t				
7. Any criminal convictions sustained by applicant are to be detailed below. (Minor infringements of by-laws may be ignored.)						
NoteAll visitors to Zimbal	bwe must <b>be</b> in	possession of return tickets (or funds in lieu) and sufficient funds to supentry, and holders are also required to comply with the requirements of the In	port themselves.			
1979.						
		OFFICIAL USE ONLY				
Signature of appl	licant					
Date Plac	ce					
Your application will only b	pe processed if	this form is FULLY completed.				
	-	ed this form should be dispatched by Air Mail to THE CHIEF OFFICER, PRIVATE BAG 7717, CAUSEWAY, ZIMBABWE				
DO NOT FORGET to com	unlete the addre	ess box below-your visa will be sent to this address.				
DO NOT FOROET to com	prote the addre	sis box below your visu will be sent to this address.				
		wind a				
1. Write the name and address you wish the visa to be sent to in the box opposite			DO NOT <b>DETACH</b>			
<ol> <li>DO NOT DETACH this Form.</li> <li>This Form will be</li> </ol>	Name Address					
returned to you with the visa authority endorsed thereon.	,		1 -			