

## **Instructions For Applications**

Once you have downloaded the PDF form, save it your computer. Fill out the PDF form on your computer, save it, print it out.

If filling out the form on your pc is any problem, just print it out, complete the form by hand.

Send the filled out application to:

Travel and Visa  
925B Peachtree Street, # 344  
Atlanta, GA 30309

Decide what return shipping you want: Return Shipping(Per Person)

Return shipping method:

FedEx 2nd day delivery \$23  
FedEx Standard Overnight \$27  
FedEx Priority Overnight \$30  
FedEx Saturday delivery \$45  
FedEx First Overnight \$65  
Prepaid self-addressed mailer \$0

With sending the complete filled out application, Please send:

Your Passport, with at least 6 months validity left, 2 blank pages available,  
1 passport size picture,  
Payment (include your check or money order) if paying with a credit card please fill out the below credit card authorization form.  
Total cost of the Visa = Consular Fee + our Services Fee + Shipping Fee

Please keep in mind, that the processing time is calculated from the next business day following the receipt of your documents.

All Visa Processing is in business day(s), the shipping doesn't count towards your Visa Processing time, please keep this in mind and plan accordingly.

If you have any questions, comments, concerns, please contact us on:

Phone: 404-452-7288  
Fax:404-551-5279  
E-mail:info@travelandvisa.com



**CREDIT CARDHOLDER'S AUTHORIZATION FORM**

In lieu of my credit card imprint I (name of card holder shown on credit card) I, \_\_\_\_\_

hereby authorize Travel and Visa & its agents to charge my: \_\_\_ AMEX \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER

# \_\_\_\_\_ Exp. d. (mm/yy) \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Traveler 1: \_\_\_\_\_ Date of birth (mm/dd/yy) \_\_\_\_\_

For the following Services (PLEASE SPECIFY):

\_\_\_\_\_

My billing address: \_\_\_\_\_

\_\_\_\_\_

My mailing address (if differs from billing): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

By signing below, I acknowledge charges described herein. Payment in full to be made when billed or in extended payments in accordance with standard policy of card issuer.

Change and/or Cancellation Policy: **Visa& Visa Support** fees are non-refundable. In case mistake is made on our part in dates/names, please notify us within 12 hours after receipt of your visa for necessary corrections to be made. If your trip has been postponed or dates are changed, some consulates permit visa correction for a fee. Please contact us for details.

\_\_\_\_\_ **Date:** \_\_\_\_\_

**(Signature of cardholder)**



# THE EMBASSY OF THE UNITED REPUBLIC OF TANZANIA

1232 22nd St. NW, Washington DC, 20037  
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)

2 Passport Size  
Photograph  
Size: 2x2  
Do not paste or  
staple

- Surname or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.) \_\_\_\_\_  
First Names in Full \_\_\_\_\_  
Former or Maiden Name (if different from above) \_\_\_\_\_
- Date of Birth (DD/MM/YY) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_
- Place of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Current Nationality (State if Dual Nationality) \_\_\_\_\_  
Nationality at Birth \_\_\_\_\_
- Marital Status (Mark):  Single  Married  Divorced  Widowed  Legally Separated.
- Passport No \_\_\_\_\_ Date Issued \_\_\_\_\_ Valid Until \_\_\_\_\_  
Issued At \_\_\_\_\_ Issuing Authority \_\_\_\_\_
- Profession/Occupation \_\_\_\_\_  
Employer Address: \_\_\_\_\_
- Current Address \_\_\_\_\_  
Tel. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_
- Name of Travel Agent/Tour Operator \_\_\_\_\_
- Contact Person(s) in Tanzania \_\_\_\_\_  
Address \_\_\_\_\_
- Date of Entry \_\_\_\_\_ Departure Date \_\_\_\_\_  
Duration of Stay \_\_\_\_\_ (Max. 90 Days)
- Type of Visa Requested  Travel Visa  Transit Visa
- Purpose of visit
 

<input type="checkbox"/> Leisure, Holiday	<input type="checkbox"/> Other Business	<input type="checkbox"/> Various
<input type="checkbox"/> Visiting friends, relatives	<input type="checkbox"/> Study	<input type="checkbox"/> Diplomatic
<input type="checkbox"/> Mission	<input type="checkbox"/> Transit	<input type="checkbox"/> Official
<input type="checkbox"/> Meeting, Conference	<input type="checkbox"/> Health Treatment	<input type="checkbox"/> Same day visitor
- Requested Number of Entries:  Single  Double  Multiple.
- In Case Of Transit: Do you have an Entry Permit for the Final Country of Destination?  No  Yes Valid Until:
- Budget Available For Your Stay \_\_\_\_\_
- I Hereby Declare That The Information Stated Above Is True And Correct :

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_