

INSTRUCTIONS FOR APPLICATIONS

Once you have downloaded the PDF form, save it on your computer. Fill out the PDF form on your computer, save the file, print it out and send it with your paperwork, or email or fax it to us.

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

Send completed application to:

Travel and Visa
285 Centennial Olympic Park Drive NW Unit 1207
Atlanta, GA 30313

Please choose return shipping method: Return Shipping (Per Person)

Return shipping method:

- FedEx 2nd day delivery \$24
- FedEx Standard Overnight \$28
- FedEx Priority Overnight \$33
- FedEx Saturday delivery \$46
- FedEx First Overnight \$67
- Prepaid self-addressed mailer (please no USPS, we can only accept FedEx or UPS prepaid labels), \$7

Along with completed application, please send the following:

- Your Passport, (must be signed, have at least 2 blank designated visa pages, and valid for at least 6 months after the date your visa will expire)
- 1 passport size picture,
- a copy of flight itinerary and proof of hotel booking or a copy of a private invitation with the host's ID or passport scan.
- Payment (include your check or money order). If paying with a credit card please fill out the credit card payment authorization form below.

any additional paperwork listed in the requirements for visa of your choice

Total cost = Visa Fee + Shipping Fee

Please keep in mind that processing time is calculated from the next business day following the receipt of your documents. All Visa Processing is in business days, the shipping doesn't count towards your Visa Processing time. Please plan accordingly.

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

Phone: 404-452-7288

Fax: 404-551-5279

E-mail: info@travelandvisa.com



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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

Card #: _____ Exp. (mm/yy) _____ in the amount of \$ _____

Traveler 1: _____ date of birth (mm/dd/yy) _____

For the following Services (PLEASE SPECIFY):

My billing address: _____

City: _____ State: _____ Zip: _____

My mailing address (if differs from billing): _____

City: _____ State: _____ Zip: _____

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 _____