

Dear Visa Applicant(s),

Bales Worldwide have recommended CIBT to assist you in applying for your Zambia tourist visa(s). Please ensure you read the following information thoroughly and submit this form when returning your application.

DEADLINE: Documents must be received by CIBT **no earlier than 3 months** before your entry into Zambia but no later than 12 calendar days prior to the date you require your passport(s) back.

- Late submission fees of £5.88 per person will apply if you allow fewer than 12 days for processing.

REQUIREMENTS FOR BRITISH CITIZENS ONLY

Please send the following documents (per applicant):

- British Citizen Passport. It must have 6 months validity beyond the completion of your trip. It must be in tidy condition and have at least one blank page.
- One application form, signed and dated. Please complete in capitals in blue or black ink.
- Two identical passport-type photographs. They must be **in colour** on a plain background.
- Copy of travel itinerary and hotel booking confirmation.
- Completed Client Form for CIBT (overleaf) and payment for visa application (see note below).

PAYMENT

	COST PER PERSON	SUBTOTAL
Zambia (single entry tourist visa)	£61.45	<input type="text"/>
Zambia (double entry tourist visa)	£86.45	
<i>The above cost includes consular fees, handling fees and VAT.</i>		
<i>Please add £5.02 per household for Royal Mail Special Delivery Post for deliveries within the UK.</i>		+£5.02
	TOTAL	=====

Please note CIBT do not accept payment by cash, cheque or postal orders.

Please fill out authorisation overleaf.

SENDING YOUR APPLICATION

Once you have completed your application, please send it by **Royal Mail Special Delivery** to:

**CIBT
PO BOX 61745
LONDON
SW1V 1UT**

Should you have any further queries regarding your visa application please call CIBT on 0844 800 4650 (option 2)

This entire VISA ORDER FORM must be returned with your order. (If the information requested is left blank or completed incorrectly, the processing of your visa application may be delayed).

BALES / 23 / KIT2

@CIBT UK LTD, February 10th 2009

CONTACT DETAILS:

Name:			
Address for return of passport(s):			
			POSTCODE:
Phone:		Email:	

PASSPORT DETAILS:

	Name	Passport Number
1		
2		

TOUR DEPARTURE DATE:	TOUR ENDING DATE:	LATEST DATE YOU NEED YOUR PASSPORT(S) BACK BY:
		"asap" is not a valid option please be aware of the "late submission fees" stated overleaf

Please note: A charge of £5 +VAT per person for passport replacement service will automatically be added to the CIBT fee paid for all UK passport holders. CIBT highly recommends the passport replacement service. If you lose your current passport, CIBT will assist you in obtaining a replacement including any agency surcharges above and beyond the normal UK Passport Agency Fee. Visit <http://cir.uk.cibt.com/passportreplacement> for coverage details. Check this box to decline coverage:

PAYMENT DETAILS:

Please note we do not accept payment by cash, cheque or postal orders.

I HEREBY AUTHORISE CIBT TO CHARGE A VARIABLE AMOUNT TO MY CREDIT/ DEBIT CARD FOR PROCESSING AND DESPATCH OF MY/OUR VISA/S

CARD NUMBER:

EXPIRY DATE: ISSUE NO (if applicable): CCV NUMBER: (last three digits on the back):

CARD HOLDER: _____ SIGNED: _____ DATE: _____

CIBT will make every effort to secure the visa or visas you require for your trip, and for the date requested. However, it is important that when we return your passport and documents to you, that you verify that all the visas you require for your trip have been obtained, that the visas for each country you intend to visit are valid for the dates of your visit, and that your passport is valid for the appropriate time you are abroad. By engaging CIBT you agree that the sole remedy against CIBT for damages in connection with the failure to obtain a requested visa or visas shall be the return of the service fee charged. Embassy fees, postage fees, processing times and requirements are subject to change without notice. The application form contained in this visa pack may be valid for use only through CIBT. Postage costs refer to shipments in the UK. Cancellations incur a £10+vAT surcharge per person.

REPUBLIC OF ZAMBIA



ZAMBIA HIGH COMMISSION,
2 Palace Gate, Kensington, London, W8 5NG
Tel: 0207589 6655 / Tel/ Fax: 02075 810546
E-mail: immzhcl@btconnect.com
Website: <http://www.zhcl.org.uk>

VISA APPLICATION FORM

TYPE OF VISA REQUIRED: SINGLE:() TRANSIT:() DOUBLE:() MULTIPLE:() (tick)

1. Surname (in capitals):..... 2. Other names:.....

3. ADDRESSES: (a) Permanent:.....

(b) Present:.....

(c) Telephone:..... (d) E-mail:.....

4. OCCUPATION:.....

5. (a) Nationality..... (b) Race:.....

6. (a) Date of Birth:...../...../..... (b) Sex.....

(c) Town and Country of birth:...../.....

7. PASSPORT: (a) Number:..... (b) Date of expiry:/...../.....

8. (a) Date of entry into Zambia:/...../.....

(b) Possible length of stay in Zambia:..... (c) Purpose of visit:

9. Name and Addresses of firms or persons to be visited:.....

.....

10. Particulars of any previous residence in, or visits to Zambia:

.....

11. (a) Date of expected departure from Zambia:...../...../.....

(b) Next destination:.....

12. Signature of applicant:..... Date:...../...../.....

FOR OFFICIAL USE: Visa No:..... Fee paid:..... Receipt
Number:.....

Date of Issue:...../...../..... Approved by:..... Signature:.....

REPUBLIC OF ZAMBIA



ZAMBIA HIGH COMMISSION,
2 Palace Gate, Kensington, London, W8 5NG
Tel: 0207589 6655 / Tel/ Fax: 02075 810546
E-mail: immzhcl@btconnect.com
Website: <http://www.zhcl.org.uk>

VISA APPLICATION FORM

TYPE OF VISA REQUIRED: SINGLE:() TRANSIT:() DOUBLE:() MULTIPLE:() (tick)

1. Surname (in capitals):..... 2. Other names:.....

3. ADDRESSES: (a) Permanent:.....

(b) Present:.....

(c) Telephone:..... (d) E-mail:.....

4. OCCUPATION:.....

5. (a) Nationality..... (b) Race:.....

6. (a) Date of Birth:...../...../..... (b) Sex.....

(c) Town and Country of birth:...../.....

7. PASSPORT: (a) Number:..... (b) Date of expiry:/...../.....

8. (a) Date of entry into Zambia:/...../.....

(b) Possible length of stay in Zambia:..... (c) Purpose of visit:

9. Name and Addresses of firms or persons to be visited:.....

.....

10. Particulars of any previous residence in, or visits to Zambia:

.....

11. (a) Date of expected departure from Zambia:...../...../.....

(b) Next destination:.....

12. Signature of applicant:..... Date:...../...../.....

FOR OFFICIAL USE: Visa No:..... Fee paid:..... Receipt
Number:.....

Date of Issue:...../...../..... Approved by:..... Signature:.....