

**AMERICAN VISA OF DC**  
1801 Columbia Rd., NW #200, Washington, DC 20009  
Tel: 202-462-5908 Fax: 202-387-5430

Email: [info@americanvisadc.com](mailto:info@americanvisadc.com) or [avodc@aol.com](mailto:avodc@aol.com) [www.americanvisadc.com](http://www.americanvisadc.com)

**THIS IS NOT AN APPLICATION; IT IS ONLY A COVERING LETTER FOR AMERICAN VISA OF DC**

## ZAMBIA

**Visa Requirements:**

- Original, signed passport, valid for six months with at least TWO blank visa pages.
- Two visa application forms completed and signed.
- Two color passport sized photos 2" x 2" ONLY. SIGN the BACK of EACH PICTURE.
- Copy of the flight itinerary from the travel agent or a copy of the tickets (tourist visa).
- Photocopy of the information page of the passport.
- Invitation letter from the company in Zambia on their letterhead, signed and dated (business visa)
- A letter of financial responsibility from the company in the U.S.A. (business visa).
- Copy of the Green Card (For Non-U.S. Citizens).

**Validity of Visas:** Single entry visas are valid for three months, and multiple entry visas are valid for three years.

**Jurisdiction:** Residents of all states can be processed in Washington DC.

Contact Person's Name: \_\_\_\_\_ Phone and email: \_\_\_\_\_

**SHIPPING INSTRUCTIONS:** *Return completed process to:*

Company Name (If applicable): \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt#/Mail Code \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**TRAVELER(S) INFORMATION:**

**Departure Date from U.S.A.:** \_\_\_\_\_ **Need by this date:** \_\_\_\_\_ \*Rush fees **will be** applied to meet this date **if necessary**

1) Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Passport #: \_\_\_\_\_ Passport Expires: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2) Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Passport #: \_\_\_\_\_ Passport Expires: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Processing Fees Per person: (please check one)**

Processing Time:	American Visa of DC Fee:	Zambia Embassy Fee:	Money Order Fee:	Fed Ex Shipping Fee:	TOTAL
6 - 14 Business days single entry:	\$65	\$50	\$25	\$35	\$170
2 - 5 Business days single entry:	\$125	\$90	\$25	\$35	\$270
Same Day single entry:	\$150	\$100	\$25	\$35	\$305
6 - 14 Business days Dble/multi entry:	\$65	\$80	\$25	\$35	\$200
2 - 5 Business days Dble/multi entry:	\$125	\$120	\$25	\$35	\$300
Same Day Dble/multi entry:	\$150	\$130	\$25	\$35	\$335

**PAYMENT:** (check one)

I authorize American Visa of DC to charge my credit card for payment of passport/visa services.

Card holders' name \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV: \_\_\_\_\_ Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

Check or Money Order made out to "American Visa of DC" for \$ \_\_\_\_\_ enclosed.

My company has a prearranged billing agreement.

American Visa of DC Inc. assumes no responsibility for the loss, damage or delay of passports or visas caused by an Embassy, Consulate, government office, postal or courier service, delivery service or travel agency. All service fees and Embassy Fees are NON-REFUNDABLE and not dependent on the visa being issued or declined. Requirements and fees relating to this request are subject to change without notice.



## EMBASSY OF THE REPUBLIC OF ZAMBIA

2200 R Street NW  
Washington, DC 20008

E-mail: [consular@zambiaembassy.org](mailto:consular@zambiaembassy.org)

Telephone: (202) 234-4009

(202) 265-0123

[www.zambiaembassy.org](http://www.zambiaembassy.org)

### VISA APPLICATION FORM

1. Surname:		2. First Name:		Middle Name:			
3. Date of Birth:		Place of Birth:		4. Nationality:		Sex:	
5. Profession:		Business Telephone No. ( )		6. Nationality of Parents at time of Birth:			
7. Passport No. Date of Issue:		8. Place of Issue: Date of Expiration:					
9. If accompanied by your spouse or children, give the following particulars: <b>(Note: Every applicant fills out an individual form)</b>							
Full Name (s)		Date & Place of Birth		Relationship			
10. Present Address:							
Telephone No.		( ) Email:					
11. Permanent Address:							
Telephone No.		( ) Email:					
12. (a) Type of Visa Requested: Tourist ( ) Business ( ) Church Business ( ) Visitor ( ) Diplomatic ( ) Official ( ) Student ( ) Volunteer ( ) Courtesy ( ) Transit ( )							
(b) Entry requested: Single ( ) Double ( ) Multiple ( )							
(c) Date of entry into Zambia: _____							
(d) Length of Stay in Zambia: _____							
13. Final Destination of Journey in Zambia:				Address in Zambia:			
14. Expected Departure Date from Zambia:				Next Destination from Zambia:			
15. Duration and Particulars of any previous residence or visits in Zambia:							
16. If traveling on business, please list names and addresses of persons to be visited in Zambia:							
17. If visiting relatives or friends, please list names and addresses of persons to be visited in Zambia:							
18. Signature of Applicant: _____ Date: _____							
<b>For official use only:</b>							
Date	Tag#	Visa fee	Rush Fee	Payment	Visa #	Receipt#	Notations