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CONSULATE OF THE UNITED REPUBLIC OF TANZANIA

MELBOURNE VIC 3000

Level 2, 222 La Trobe Street, Melbourne, VIC

Tel: +61 (0) 3 9667 0243

Fax: +61 (0) 3 9663 2616

No.....

1. Surname or Family Name .....
2. First Name .....
3. Former or Maiden Name (if different from above) .....
4. Date and Place of Birth .....Sex .....
5. Nationality .....Marital Status.....
6. Countries in which you have resided since birth .....
7. Names, date and place of birth or minor children accompanying you  
.....
8. Present address .....Tel No ( ) .....
9. Permanent address (if different from above) .....
10. Date of previous visits to Tanzania (if any) .....
11. Occupation .....Employer .....Position held .....
12. Reason for journey .....Duration of stay .....
13. Means at your disposal for proposed visit US\$ .....
14. Expected date and place of arrival .....  
Date Place

Passport No.....Place of Issue.....

Date of Issue.....Valid until.....

Onward/Return Visa.....Valid until.....

(Not applicable to Australian nationals and Australian permanent residents)

Date.....Signature of Applicant.....

**FOR CONSULAR USE ONLY**

Status of Air/Surface Ticket \_\_\_\_\_ Issued On \_\_\_\_\_

GGR \_\_\_\_\_ Remarks \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_