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Printed by the Government Printer, Harare.

ZIMBABWE VISA APPLICATION

To be completed in English (in block capitals) by each adult requiring a visa

No fee is charged for this visa, neither are passports or photographs required to accompany this application

Surname (Mr./Mrs./Miss)		Sex M	Official use only
2. First names		10. (n., m., n., n., n., n., n., n., n., n., n., n	namente.
3. Date of birth			
4. Present nationality:			
(as per passport) 5. Passport number			
Date of issue	1		
6. Particulars of wife/husband (who must of			
(a) Surname			
A STATE OF THE SECTION ASSESSMENT OF THE SEC			
(c) Date of birth			
7. Particulars of children under 18 who wi			
Full names	Place of b	irth Date of bir	th Passport No.
		CARL CARL CONTROL CONT	
Manager and the second			
8. Applicant's present occupation	3 5		
9. Purpose of visit			
10. Normal residential address			
11. Proposed address in Zimbabwe (include	e name of person or busi	ness to be visited if appli	cable)
Control Control of the Control of			
12. Period of visit intended: From		То	specials
13. Please complete but do not detach:		1	OFFICIAL USE ONLY
APPLICAN	VISA AUTHORITY		
Surname		1.	
First names			
Date and place of birth			
Accompanying children under 18.			
Names		Date of birth	
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CONTINUE QUESTIONNAIRE OVERLEAF

VISA APPLICATION (continued)

14. Intended place of en	try into Zimbabwe	B		**************************************	
15. Dates of previous en					
16. Address to which vis					
17. Any criminal convicignored.)		143			
		2.1111111111111111.			
#				**************************************	
			National design and a second s	12	

	110 1774	\$10,000 (0.00 to 1.00			
	4-3-3-17-9-18-4-18-4-18-4-19-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	***************************************		······································	
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				100	
Note.—All visitors to Zin themselves. The granting of the Immigration Act,	of a visa is not a g	in possession of ret guarantee of entry, a	urn tickets (or fun and holders are also	ds in lieu) and suff required to compl	icient funds to support y with the requirements
			OPPICIA	L USE ONLY	
Cion atura of a					
Signature of a					
Date Plac	:e				
Your application will only When IMM	completed this f	this form is FULLY form should be di ICER, PRIVATE	spatched by Air	Mail to THE CH	IEF WE
DO NOT FORGET to	complete the addre	ess box below—you	r visa will be sent	to this address.	
		業			
		*			
	I				DO NOT DETACE
	E. I.				
1. Write the name and address you wish					
the visa to be sent to in the box					1200
opposite >>> >	Name		15		
2 DO NOT DELLOW		······································		www.careare.co. Disch	
2. DO NOT DETACH this Form.	Address	(4-11)		***************************************	
3			(*************************************		
 This Form will be returned to you with the visa authority endorsed thereon. 					
ATTACAME TO THE PARTY	522				