Account Code: 50019

DOCUMENT PREPARATION SERVICE - TANZANIA

CIBTvisas provides an optional service to assist travelers with the Tanzania visa application: our secure Document Preparation Service. The fee for this optional service is \$80.00 and is in addition to the applicable consular and processing fees. It's easy:

- 1. Type or clearly write answers to all fields on the optional Tanzania Document Preparation Service request. Then save the file or scan and save the file to your computer.
- 2. Scan a copy of your passport information page.
- 3. Submit the saved files (this form and your passport information page) by uploading them securely at https://cibtvisas.com/upload-forms?service=docprep. We'll complete the visa application on your behalf in 24 hours or fewer, excluding Saturday or Sunday and contact you if any information is missing or incomplete.
- 4. We will send you the completed official Tanzania visa application via encrypted email with instructions on how to decrypt the file.
- 5. Print, inspect and sign the completed official Tanzania visa application and send it to us with the rest of your application materials to the office address listed on your visa application checklist

Questions about this service can be answered by CIBTvisas Customer Care at 800-406-1523. Do not send the other application materials until you have printed, inspected and signed your official Tanzania visa application form from CIBTvisas. This is not the official visa application. It is an optional service.

PERSONAL INFORMATION			
	NAME EXACTLY AS IN PASSPORT (Last, First, Middle)		
Mr. Mrs Ms. Mist Dr./Prof.			ABOVE)
DATE OF BIRTH dd/mm/yyyy	PLACE OF BIRTH	NATIONALITY AT BIRTH	PRESENT NATIONALITY (STATE IF DUAL NATIONALITY)
GENDER Male Female	MARITAL STATUS	(Sing	gle/ Married/ Divorced/ Legally Separated/ Widowed)
PASSPORT INFORMATION			
PASSPORT NUMBER		DATE OF ISSUE dd/mm/yyyy	DATE OF EXPIRATION dd/mm/yyyy
PLACE OF ISSUE		ISSUING AUTHORITY	
EMPLOYMENT DETAILS/CURRENT ADDRESS			
PROFESSION/OCCUPATION		EMPLOYER ADDRESS	
APPLICANT CURRENT ADDRESS	APT. NUMBER	CITY	STATE ZIP
EMAIL	PHONE NUMBER	FAX	
DETAILS OF TANZANIA VISIT			
DETAILS OF TANZANIA VISIT	CONTACT DEDCOM IN TANZANIA	CONTACT ADDDESS	
NAME OF TRAVEL AGENT/TOUR OPERATOR	CONTACT PERSON IN TANZANIA	CONTACT ADDRESS	
		DURATION OF STAY (MAY SO DAYS)	DUDGET FOR VOUR CTAY
DATE OF ENTRY INTO TANZANIA (DD/MM/YYYY)	DATE OF DEPARTURE (DD/MM/YYYY)	DURATION OF STAY (MAX 90 DAYS)	BUDGET FOR YOUR STAY
VISA INFORMATION			
TYPE OF VISA REQUESTED	NUMBER OF ENTRIES		
Travel Visa Transit Visa	Single Double Multiple	IF TRANSIT, DO YOU HAVE ENTRY PERMIT FOR FINAL DESTINATION? Yes No	DATE OF EXPIRATION (dd/mm/yyyy)
PURPOSE OF VISIT			
	ives Mission Meeting, Conference	Other Business Same Day Visitor	Health Treatment Study Transit
Diplomatic Official Various			

PAYMENT DETAILS		CIBTvisas does not accept payment by check or cash
NAME ON CARD	CARD NUMBER	EXPIRATION DATE
BILLING REFERENCE	SIGNATURE	

By signing above, you agree to abide by our Terms and Conditions as outlined at https://cibtvisas.com/terms-of-use.

Have you completed all the questions? Incomplete visa questionnaires cannot be processed and will be returned for additional information. This could delay the processing of your request.