



**ZANZIBAR REVOLUTIONARY GOVERNMENT
CHIEF MINISTER'S OFFICE**

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**Information Department
P.O. Box 2754
Zanzibar**

FILMING PERMIT APPLICATION FORM

PHOTO

REQUEST FOR _____

(To be filled in triplicate)

Section **A** and **B** – To be Filled by Applicant.

Section **C** – To be filled by Sponsoring Organization in Zanzibar.

SECTION A

1.1 Name _____ 1. 2 Sex _____

1.3 Date and Place of Birth _____

2.1 Nationality _____ 2.2 Country of Residence _____

2.3 Full Address _____

3.1 Passport No. _____ 3.2 Date and Place of Issue _____

3.3 Expiry Date _____

3.4 Visa to be obtained from _____

4.1 Expected date of arrival in Zanzibar _____

4.2 Duration of stay _____

4.4 Contact Address in Zanzibar _____

SECTION B

5.1 Academic background _____

5.2 Professional background _____

5.3 Area of requested assignment _____

5.4 Purpose and objective of the assignment _____

5.5 Sponsor abroad _____

5.6 Full Address of Sponsor _____

Signature _____
(Applicant)

SECTION C

This section is to be endorsed by Tanzania representative abroad; Embassy/High Commission –

Comments/Opinion _____

Signature of Authorising Officer _____

SECTION D

This is to endorse that I have received and duly considered the applicant's request. I am satisfied with the descriptions out – lined in Section **A** and **B**.

Name of Organisation _____

Name and title authorising officer _____

Signature _____
Director

Date: _____