



A division of RCTC Corporation

1000 Finch Ave West, Suite 900  
Toronto, ON, M3J 2V5  
Ph: 1-866-334-0811  
Fax: 416-352-1794

**1. Please provide your contact information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**2. Returning documents**

- FedEx Priority Overnight (\$25 to Canada; \$35 to continental US)
- Use my pre-paid courier. Self-address waybill & envelope are attached (FedEx, DHL, Purolator & UPS only)
- I will pick up my passport from your office

Name : \_\_\_\_\_ Street address : \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Suite : \_\_\_\_\_

City : \_\_\_\_\_

Prov/State : \_\_ Postal Code/Zip: \_\_\_\_\_

**3. Payment**

Service cost \$ \_\_\_\_\_ + 5% GST \$ \_\_\_\_\_ + Courier \$ \_\_\_\_\_ = TOTAL \$ \_\_\_\_\_

**Method of Payment :**

- I enclose a certified cheque / money order made out to "RCTC Corporation"
- Charge my credit card (Charges on your statement will appear as "RCTC Corporation")

**I authorize RCTC Corp to charge my card the above TOTAL amount.**

\_\_\_\_\_ signature here

- Visa
- MasterCard
- AMEX

Card Number:

Exp. Date (mm/yy):

\_\_\_\_\_

\_\_ / \_\_\_\_

CCard Billing Address: \_\_\_\_\_

street address

Cardholder Signature:

\_\_\_\_\_ city state/province zip/postal code

\_\_\_\_\_

**4. Terms and Conditions:**

By using the services of RCTC Corp., I authorize the company to handle my personal information and my passport and to hand over such passport and information to a foreign diplomatic mission in Canada or the USA for the purpose of acquiring a visa. By using the services of RCTC Corp I am accepting in whole the following terms and conditions and limitations: RCTC Corp. cannot and does not guarantee a visa will be issued by a diplomatic office, as this is the sole prerogative of the foreign government. RCTC Corp. is not responsible for the safety or security of your passport once the passport has entered the diplomatic grounds or passed into the control of the courier. RCTC Corp. is not liable for any stolen or lost passport, and has no liability for late delivery of passports and visas, and RCTC Corp. does not bear any financial, legal or other obligations whatsoever for client ticket or other purchases, down payments, bookings or any kind of travel or other arrangements that were done prior to the issuance of visa or that may be affected by processing times or denial of visa. Likewise, RCTC Corp. does not bear any financial (or otherwise) responsibility from issues arising from errors and improper issuance of visas by the consulates; for losses resulting from, and does not compensate for travel expenses arising from any of the above. RCTC Corp. will charge \$50.00 per passport for cancelled visa applications. **I understand and fully accept the abovementioned.**

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Major credit cards accepted



**For office use only**

Visa No.

ERV No.



ONE PASSPORT  
PHOTO  
5cm X 5cm  
2" X 2"  
Do not paste or staple

**THE HIGH COMMISSION OF THE UNITED REPUBLIC OF TANZANIA**  
50 RANGE ROAD., OTTAWA, ONTARIO, K1N 8J4, TEL: 613 232 1509; FAX: 613 232 5184  
E-MAIL: [contact@tzrepottawa.ca](mailto:contact@tzrepottawa.ca); WEB: [www.tzrepottawa.ca](http://www.tzrepottawa.ca)  
**VISA APPLICATION FORM**  
(Visa regulations and requirements on next page)

- Surname/Family Name;.....Gender (M/F):.....
- Given names:.....Marital Status: .....  
(PLEASE PRINT ALL NAMES CLEARLY, NO INITIALS)
- Place of birth (City, Country)..... Date of birth (DD/MM/YY).....
- Nationality at birth: ..... Present nationality:.....
- Current address: ..... City: .....
- Province:..... Postal Code: ..... Country:.....
- Tel: Home: .....Office:..... E-mail: .....
- Occupation: .....
- Passport number: ..... Place of issue (City):.....
- Date of issue (DD/MM/YY):..... Expiry date (DD/MM/YY):.....

11. Purpose of visit:

<input type="checkbox"/>	Tourism, Leisure, Holiday,	<input type="checkbox"/>	Other business: work, volunteer work , research, filming.	<input type="checkbox"/>	Various
<input type="checkbox"/>	Visiting friends, relatives	<input type="checkbox"/>	Study, Internship	<input type="checkbox"/>	Diplomatic
<input type="checkbox"/>	Mission	<input type="checkbox"/>	Transit	<input type="checkbox"/>	Official
<input type="checkbox"/>	Business, Meeting, Conference	<input type="checkbox"/>	Health Treatment	<input type="checkbox"/>	Same day visitor

If other than Tourism or Visiting, please provide further details:.....

12. Address in Tanzania, including reference: .....

13. Requested number of entries:    Single                  Double                  Multiple

14. Date leaving Canada: ..... Date entering Tanzania: .....  
If Double or Multiple entry, indicate last date of entry into Tanzania: .....

15. Duration of (each) stay: ..... Date of departure .....

16. Declaration: I hereby declare that the information stated above is true and correct:

Signature of applicant: ..... Date: .....

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