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**RECORD OF CITIZENS OF ZAMBIA AND OTHER PERSONS OF ZAMBIAN ORIGIN  
RESIDING IN OR VISITING NORDIC-BALTIC COUNTRIES**

1. Surname.....First name (names).....
2. Type of Passport.....Passport No.....  
Date and place of Issue..... Valid.....  
Profession.....
3. Date of arrival.....  
Port of entry.....length of intended stay.....
4. Contact address.....  
.....  
Telephone.....Cell.....  
E-mail.....
5. Name and address of Person/Organisation relevant to your stay (if any).....  
.....  
.....
6. Purpose of visit/stay.....  
.....  
.....
7. Permanent Address in Zambia.....  
.....  
.....
8. Names and Addresses of Next of Kin in Zambia.....  
.....  
.....  
.....

Place and date.....Signature.....

PLEASE RETURN THIS FORM TO THE EMBASSY