



DEPARTMENT OF IMMIGRATION SERVICES

REF.NO.IMM/G/DOCUMENTS/VOL.I.2013/1

DATE.....

IMMIGRATION OFFICER'S VISA APPLICATION CHECK – LIST
TICK WHERE NECESSARY ATTACH FORM ON ALL APPLICATIONS

- | | | | |
|-----|------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------|
| 1. | Form 22 (Visa application form) duly filled | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 2. | Clear passport size photos (<i>not scanned</i>) | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 3. | Clear Copy of Passport (bio data page) (<i>Passport must be valid for at least 6 months</i>) | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 4. | A letter from the host/Company/Organization | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 5. | A letter from the applicant requesting for a visa | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 6. | Host's original ID/Passport and copy
(<i>Host to submit application in person</i>) | YES
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> |
| 7. | Proof of Applicant's employment (<i>Attach copy of Contract or staff ID</i>) | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 8. | Host's Residential/physical address, postal address and cell phone | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 9. | Letter from referring Doctor/Hospital and receiving Local hospital or doctor (Medical Cases) | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 10. | Copy of Registration certificate/incorporation | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 11. | Specimen signatures for organizations | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 12. | At least three recent copies of previous visas For MJV applications | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

13. All documents forwarded in duplicate

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Application submitted by: NameMobile no.....

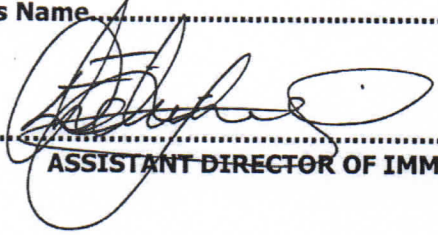
Copy of ID/Passport/Authorization letter attached
(Person submitting)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Forwarding Officer's Name.....

Date Received in Nyayo House

Receiving officer's Name.....

APPROVED BY: 

ASSISTANT DIRECTOR OF IMMIGRATION SERVICES – VISA SECTION

- NOTE:** 1. All documents must be submitted in duplicate.
2. The list of requirements on the checklist is not exhaustive and is subject to review.