NOTE:

Any foreign companies, groups, individuals who seek permission to undertake assignments as journalists, photographers, film producers and book writers, should complete this form. Television and film producers should attach synopsis or script when forwarding their applications. All applicants are advised to submit this form at least one month before the commencing date of the assignment to:

DIRECTOR
TANZANIA INFORMATION SERVICES
P.O. BOX 9142
DAR ES SALAAM, TANZANIA,
FAX NO. 00255-22-2113814, 2124812, 2112850

PART A: PARTICULARS OF AN APPLICANT:
Surname:………………………………..First Name(s)…………………….………………
Date of Birth:………………………… Nationality:……………………………………….
Marital Status:………………………….. Profession:………………………………………
Passport No……………............Date and Place of Issue:…………………..…………
Organization represented:………………………………………………………………
Address:……………………………………………………………………………………
Address/Reference while in Tanzania:……………………………………………………

PART B: FEES FOR FILMING PERMITS

(a) Educational:……………………………………………… Fee (US$ 250)
(b) Commercial:………………………………………………Fee (US$ 500)
PART C: PURPOSE AND DURATION OF VISIT

1. I/We intend to stay in Tanzania for: days/months/commencing

                                                                                           
2. My/Our purpose is to: .................................................................
                                                                                           
                                                                                           
3. I/We wish to interview: ...............................................................  
                                                                                           
                                                                                           
4. We wish to visit (areas): .............................................................
                                                                                           
                                                                                           
PART D: LAST VISIT (IF ANY)
Date/s: ........................................................................................................
Purpose: ........................................................................................................
                                                                                           
                                                                                           
                                                                                           
                                                                                           
Date                        Signature of Applicant

PART E: COMMENTS BY TANZANIA DIPLOMATIC MISSION
                                                                                           
                                                                                           
                                                                                           
                                                                                           
FULL NAME OF THE OFFICIAL: .................................................................
TITLE: .................................................................................................

                                                                                           
                                                                                           
                                                                                           
Date                        Signature and Official Stamp