



U.S. Department of State
NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0018
Expires 08/31/2004
Estimated Burden 1 hour
See Page 2

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM						
1. Passport Number A0123456		2. Place of Issuance: City Dar es Salaam		Country TANZANIA	State/Province Tanzania	<p align="center">DO NOT WRITE IN THIS SPACE</p> <p>B-1/B-2 MAX B-1 MAX B-2 MAX</p> <p>Other _____ MAX</p> <p align="center">Visa Classification</p> <p>Mult or _____</p> <p align="center">Number of Applications</p> <p>Months _____</p> <p align="center">Validity</p> <p>Issued/Refused</p> <p>On _____ By _____</p> <p>Under SEC. 214(b) 221(g)</p> <p>Other _____ INA</p> <p>Reviewed By _____</p> <p align="center" style="color: red; font-size: 2em; transform: rotate(-45deg);">SAMPLE</p>
3. Issuing Country TANZANIA		4. Issuance Date (dd-mmm-yyyy) 15 JANUARY 2000		5. Expiration Date (dd-mmm-yyyy) 14 JANUARY 2005		
6. Surnames (As in Passport) Kalinga						
7. First and Middle Names (As in Passport) Gloria Patricia						
8. Other Surnames Used (Maiden, Religious, Professional, Aliases) NONE						
9. Other First and Middle Names Used NONE				10. Date of Birth (dd-mmm-yyyy) 16 JANUARY 1989		
11. Place of Birth: City Arusha		Country TANZANIA	State/Province Tanzania	12. Nationality TANZANIA		
13. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	14. National Identification Number (If applicable) DN987654		15. Home Address (Include apartment number, street, city, state or province, postal zone and country) PO BOX 1111, Ocean Road Plot No 2 Dar es Salaam, Tanzania NONE TANZANIA			
16. Home Telephone Number 255-22-260-1234		Business Phone Number 255-22-260-5678		Mobile/Cell Number 0744-123-4567		
Fax Number NONE		Business Fax Number NONE		Pager Number NONE		
17. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single (Never Married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		18. Spouse's Full Name (Even if divorced or separated. Include maiden name.) NONE		19. Spouse's DOB (dd-mmm-yyyy)		
20. Name and Address of Present Employer or School Name: International School of Tanzania Address: PO BOX 999 Dar es Salaam, Tanzania						
21. Present Occupation (If retired, write "retired". If student, write "student".) Student		22. When Do You Intend To Arrive In The U.S.? (Provide specific date if known) 31 JANUARY 2004		23. E-Mail Address EmailAddress@ email.com		
24. At What Address Will You Stay in The U.S.? 555 Dar Road, NONE Beverly Hills, CA 90210						
25. Name and Telephone Numbers of Person in U.S. Who You Will Be Staying With or Visiting for Tourism or Business						
Name Andrew Kalinga		Home Phone 999-999-9999				
Business Phone 999-888-8888		Cell Phone NONE				
26. How Long Do You Intend To Stay in The U.S.? 14 DAYS		27. What is The Purpose of Your Trip? VISIT MY BROTHER				
28. Who Will Pay For Your Trip? MY PARENTS		29. Have You Ever Been in The U.S.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No WHEN? _____ FOR HOW LONG? NONE				



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**U.S. Department of State
SUPPLEMENT TO
NONIMMIGRANT VISA APPLICATION**

PLEASE BE SURE TO SUBMIT THIS PAGE WITH THE REST OF YOUR APPLICATION

DO NOT MARK OR WRITE IN THIS SPACE

Gloria Patricia Kalinga

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