



**ZANZIBAR REVOLUTIONARY GOVERNMENT
MINISTRY OF INFORMATION, CULTURE AND SPORTS**

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Information Department
P.O. Box 2754
Zanzibar

FILMING PERMIT APPLICATION FORM

PHOTO

REQUEST FOR _____

(To be filled in triplicate)

Section A, B and D – To be Filled by Applicant.

Section C – To be filled by Sponsoring Organization in Zanzibar.

Section E – Official use.

SECTION A

1.1 Name _____ 1.2 Sex _____

1.3 Date and Place of Birth _____

2.1 Nationality _____ 2.2 Country of Residence _____

2.3 Full Address _____

3.1 Passport No. _____ 3.2 Date and Place of Issue _____

3.3 Expiry Date _____

3.4 Visa to be obtained from _____

4.1 Expected date of arrival in Zanzibar _____

4.2 Duration of stay _____

4.3 Contact Address in Zanzibar _____

4.4 Last visit to Zanzibar: Date _____ Purpose _____

SECTION B

5.1 Academic background _____

5.2 Professional background _____

5.3 Area of requested assignment _____

5.4 Purpose and objective of the assignment _____

5.5 Sponsor abroad _____

5.6 Full Address of Sponsor _____

Signature _____
(Applicant)

SECTION C

This section is to be endorsed by Tanzania representative abroad; Embassy/High Commission –

Comments/Opinion _____

Signature of Authorising Officer _____

SECTION D

DECLARATION:

I/We declare that will submit two copies of film/documentary/programme to the Director of Information Zanzibar.

Date: _____

Signature _____

SECTION E

This is to endorse that I have received and duly considered the applicant's request. I am satisfied with the descriptions out – lined in Section **A** and **B**.

Name of Organisation _____

Name and title authorising officer _____

Signature _____
Director

Date: _____

(NB: Please fill ALL sections above. Failure may result in delay)