



FORM NO. AP/2008/1

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

Tel: 2230296  
Fax: 2235260  
E-mail: maelezozanzibar@gmail.com

Department of Information  
P.O. Box 2754  
Zanzibar

**FILMING PERMIT APPLICATION FORM**

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)