

The Immigration and Deportation Act, 2010 (Act No. 18 of 2010)

The Immigration and Deportation (General) Regulations, 2011

| Section 20 of the Immigration and Deportation Act, 2010 Shaded fields for official use only | |
|---|----------|
| PART I PERSONAL DETAILS 1. Surname Other names 2. Sex (Tick (v) as applicable) Male Female | |
| PART I PERSONAL DETAILS 1. Surname Other names 2. Sex (Tick (v) as applicable) Male Female | √ |
| Surname Other names 2. Sex (Tick (√) as applicable) Male Female | |
| Other names 2. Sex (Tick (\sqrt{s} as applicable) Male Female | |
| 2. Sex (Tick (v) as applicable) Male Female | |
| | |
| 5. Date of Ditti (adjining 1999) | |
| | |
| 4. Place of Birth Town Country | |
| 5. Nationality | |
| 6. Passport No. | |
| Place of issue | |
| Date of issue (dd/mm/yyyy) | |
| Date of expiry (dd/mm/yyyy) | |
| 7. Duration of proposed stay in Zambia | |
| 8. Are you (Tick (v) as applicable) An established A spouse of a citizen who has held a | |
| resident spouse permit for a period of not less | |
| than five years | |
| A child of a citizen A child or dependant, under the age of twenty-one years, of an established | |
| resident or person holding a valid | |
| residence permit | |
| A holder of an entry | |
| permit 9. Countries of residence during five years immediately preceding this application | |
| Town Country From (dd/mm/yyyy) To (dd/mm/yyyy) | |
| | |
| | |
| | |
| 10. Class of persons to which you | |
| belong | |
| (See notes below) | |
| 11. Highest education standard attained | |
| 12. Occupation 13. Experience in your occupation | |

| 14. | Are you fluent in English or any lang | aage indigenous to Zamb | oia? If yes, wh | ich language(s)? | | |
|-----|--|----------------------------------|-----------------|-----------------------|--------------------|---|
| | | | | | ••••••• | |
| 15 | Assessed desired three | From omalorment | | | | |
| 15. | Average income earned during three years immediately preceding this | From employment | | | | |
| | application | From other sources | | | | |
| 16. | Amount of money immediately available to applicant | | | | | |
| 17. | Assets owned by applicant and their value | Asset | Val | lue | Location | |
| | value | | | | | |
| 18. | Are you financially dependent on a re | lative in Zambia? If yes, | give full nam | es, address and occ | cupation of that | |
| | Full names of relative(s) | Address (Physical o | r postal) | Occup | pation | _ |
| | 2 412 11411100 02 2021102 (6) | 114411000 (111) 02041 0 | z postaz) | | | |
| | | | | | | |
| 19. | Do you intend to retire in Zambia? | | | | | |
| | (If your answer is yes, refer to question 31) | | | | | |
| 20. | Do you hold an investor's permit | | | | | |
| | valid for a period exceeding three years? | | | | | |
| 21. | If your answer to question 20 is yes, | | | | | |
| | please provide the certificate of registration No. | | | | | |
| | (a) Have you ever applied for a permi | | and Deportati | ion Act, 2010, or the | Immigration | |
| | and Deportation Act, Cap. 123? If yes Permit applied for | , give details. Date of applica | tion | Status of applic | ation (pending. | _ |
| | | | | granted or | | |
| | | | | | | |
| | | | | | | |
| | (b) If the application was rejected, sta | to reasons for rejection: | | | | |
| | (b) If the application was rejected, sta | tie reasons for rejection. | | | | |
| | | | ••••••• | | | |
| | | | ····· | | | |
| 22. | Have you or your spouse ever been re | stricted from entering an | v country or d | apartad ar rapatria | ted from any | |
| 22. | country? If so, give details below Country in which entry restricted or | Year of restriction, dep | | Reas | | |
| | from which deported or repatriated | repatriation | | Reas | 50115 | |
| | | | | | | |
| | | | | | | |
| 22 | Have you been convicted of an offenc | a undar any lavo voithin | r outcide 7a | his? If was smarif | z dataila | |
| 23. | mave you been convicted of an offenc | e under any iaw within (| i ouisiae Zam | ioia: ir yes, specif | y uetans: | |
| | Nature of offence: | | •••••• | | | |
| | Date of conviction: | | •••••• | | | |
| | Sentence: | | | | ••••• | |
| | <u> </u> | PART II | | | | |
| 24 | Marital status | FAMILY DETAI | | Comments 1 | Di | |
| 24. | Marital status | Single Married | Widowed | Separated | Divorced | |

| 25. | Full names of spouse (if married) | Surname | | | First Name | | |
|-----|---|----------------|------------------|-------------|-------------------|-----------|--------------|
| 26. | Date of birth of spouse(dd/mm/yyyy) Date of birth (dd/mm/yyyy) Town | | | | | | |
| | Country | | | | | | |
| 27. | Number of children/dependants below the age of seven | Children | | | Dependants | | |
| 28. | Particulars of children | Name | Sex | Date of b | pirth Plac | ce of bi | rth |
| | | | | | | | |
| | | | | | | | |
| 29. | Particulars of dependants | Name | Sex | Date of b | irth Plac | ce of bi | rth |
| | | | | | | | |
| 20 | | 66. 6 | | | | | |
| 30. | Do you, your children or dependants details | suffer from an | y physical or me | ental disab | ility or disease? | If any, g | give |
| | | | | | | | |
| 31. | A man am dise | | | | | | |
| 51. | Appendix | | ida muaaf that - | | مسمع ما الماسية | | : |
| | If your answer to question 19 is ye annuity or retirement account from w that you have a minimum prescribed | hich you recei | ve a prescribed | minimum j | payment for the | rest of y | your life or |

NOTES TO APPLICANT

Please use the Classes Set out in Note 1 to respond to question 10.

1. CLASSES OF PERSONS WHO MAY BE ISSUED WITH RESIDENCE PERMITS (Sections 20 and 21 of the Immigration and Deportation Act, No. 18 of 2010)

Class A

Any person who intends for gain to engage in any trade, business, profession, employment or other occupation -

- (a) for which the person is fitted by virtue of the person's academic or professional qualifications, standard of education, skill and financial resources;
- (b) in which, having regard to the productivity and efficiency of the persons already engaged therein, there is not already a sufficient number of persons engaged or available in Zambia to meet the requirements of the inhabitants of Zambia; or
- (c) which is likely to be of benefit to the inhabitants of Zambia generally.

Class B

Any person -

- (a) who has in the person's own right and at the person's full and free disposition for use in Zambia such financial resources as shall be sufficient to maintain the person; and
- (b) whose presence in Zambia is likely to be of benefit to the inhabitants of Zambia generally.

Class C

Any forebear, parent, child or grandchild of a person who is dependent on that person if such person -

- (a) is the holder of a valid residence permit;
- (b) is capable of maintaining such dependant; and
- (c) undertakes such maintenance.

| Class D Any forebear, parent or grandchild of a person who is dependent on that person if such per (a) is a citizen or established resident; (b) is capable of maintaining such dependant; and (c) undertakes such maintenance. A child below the age of seven need not hold a separate residence permit. | rson - | | | |
|---|-----------------------|-----------|--|--|
| DECLARATION | | | | |
| I hereby declare that the information furnished by me in this application is true, correct knowledge. | and complete to the b | est of my | | |
| I understand that any incorrect, misleading or untrue information or the withholding of any relevant information may affect the issuance of the residence permit or shall result in the revocation of the permit. | | | | |
| | | | | |
| Name of Deponent Signature | Date | | | |
| Name of Deponent Signature FOR OFFICIAL USE ONLY | Date | | | |
| | Date Date | | | |
| FOR OFFICIAL USE ONLY Received by: | | | | |
| FOR OFFICIAL USE ONLY Received by: | | ••••• | | |
| FOR OFFICIAL USE ONLY Received by: | Date | ••••• | | |
| FOR OFFICIAL USE ONLY Received by: Officer (Name and Signature) Amount Received: Receipt No.: Resident Permit No.: | Date | | | |