

THE UNITED REPUBLIC OF TANZANIA MINISTRY OF HOME AFFAIRS IMMIGRATION DEPARTMENT



PARTICULARS REGARDING EXEMPTION CERTIFICATE

Affix Photo

All Information are mandatory USE CAPITAL LETTER.

PART I: PARTIC	ULARS OF EXEMPT	TON CERTIFICATE HOLDER							
1. FIRST N	AME:								
2. SECONE	NAME:								
3. SURNAN	1E/LAST NAME								
4. OTHER	NAMES:								
5. 5. DATE	OF BIRTH:	DAY MONTH YEAR							
6. PLACE (OF BIRTH:								
7. PASSPO	RT NUMBER:								
8. COUNT	RY OF ISSUE:								
9. NATION	ALITY:								
PART II: CURRENT ADDRESS IN TANZANIA									
		DISTRICT:							
	VILLAGE/STREET: HOUSE/APARTMENT NO:								
PLOT No: BLOCK No:									
MOBIL	E No:	E-mail:							

PART III	: PROFESSIONAL	INFORMATION					
-	1. JOB TITTLE/C 2. PROFFESION:	OCCUPATION:					
PART IV:	EXEMPTION CER	RTIFICATE INFO	RMATION				
- -	1. EXEMPTION C	CERTIFICATE NO					
2	2. DATE OF ISSU	JE:					
3	3. EXPIRY DATE	:					
PART V:	DEPENDENTS						
S/No	FIRST NAME	SECOND NAME	SURNAME	DATE OF BIRTH	RELATION	PASSPORT No.	NATIONALITY
1. 2.							
3.							
4. 5.							
I,Do HERE	- INDIVIDUAL DE	nd sincerely declar	are that to the	e best of my kno	owledge and	d belief the par	rticulars
			Signatu	re			
Declared	at		this	da	ay of	20	
	- FOR OFFICIAL (
i	REVIEWED AND A	APPROVED BY;					
 NAMF		S	SIGNATURE			DATE	