THE UNITED REPUBLIC OF TANZANIA

APPLICATION FOR FIRST GRANT/RENEWAL OF DEPENDANT'S PASS

The Immigration Regulation 1997 (Regulation 9)

ATTACH PHOTOGRAPH OF APPLICANT HERE

TO, THE DIRECTOR OF IMMIGRAT DAR ES SALAAM, TANZANIA.	ION SERVICES,
I,	
Present Address	Telephone No
Being a resident of Tanzania herebin who is a dependant of mine parti	y make application for the issue of a Dependant's pass culars are as follows:-
A-PARTIC	ULARS AS TO DEPENDANT
	BLOCK CAPITALS)
3. Passport No	Place of issue
Date of issue	Valid until
4. Married/Single	5. Occupation
6. Place of Birth	Date of Birthsex
7. Nationality at Birth	
8. Present Nationality or Nationality	y Status
9. Relationship to applicant	

10. Relatives (other than Applicant, if any):-

Names	Relationship to Dependant	Occupation	Postal Address	
(E	ctc, if space is not sufficient	t, attach a separate li	st)	
11. Personal means o	f the dependant:			
13. Particulars as to c	married womanhange of name by Deed Po	ool or otherwise.		
	ng to enter Tanzania			
15. Previous residence District area	e in Tanzania: Region with Dependant's Pass No	Street NameHouse No Date of Issue		
	II-PARTICULARS AS	TO APPLICANT		
1. Full Names	(IN BLOCK CA			
2. Present Address	```	/	• • • • • • • • • • • • • • • • • • • •	
3. Residence: Street .		Plot No		
4. Sex	5.	Marital Status		
6. Place of Birth		.7. Date of Birth		
8. Profession/Occupa	tion			
9. Present Immigration	Status (Citizen/Other authori	ity to enter and remain	in Tanzania).	

Date of Issue .	Place of i	Until	• • • • • • • • • • • • • • • • • • • •
	rs of such residence		
	of other dependants (including wife or		
Names	• • •	Age	Sex
			(If space suffice attace separat
	of means (house, property, income. Etc.		
13. Premises at District area Street Name	which it is proposed to accommodate	dependant in Ta	ınzania:
13. Premises at District area Street Name Plot No Given particular	which it is proposed to accommodate	dependant in Ta	nnzania:

DECLARATION

15. I					THE	APPLICANT,
HEREB	Y DECLARE	THAT THE	E AFOREGO	ING ARE	CORRECT	IN EVERY
DETAIL	LS.					
16. Date			Sig	nature of A _l	oplicant	
			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
D.						
Date		• • • • • • • • • • • • • • • • • • • •				
			L	Director of I	mmigration S	Services