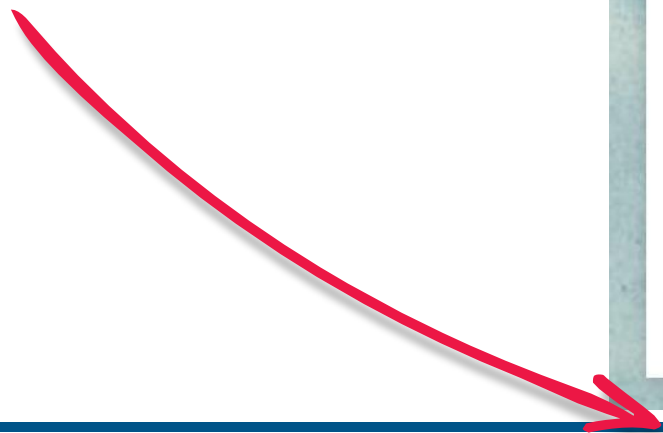


Zanzibar Insurance Corporation

Podróżni odwiedzający Zanzibar
zobowiązani są do zakupu
obowiązkowego ubezpieczenia
podróżnego.

Kliknij na czerwone pole-"Apply now"



Dokonaj wyboru:
„Individual” – aplikacja dla
maksymalnie 2 osób

„Family” - aplikacja dla
rodziny od 3 do
9 osób

The Revolutionary Government of Zanzibar

ZIC FAQs

Individual

Simply Perfect For Solo Traveler

- ✓ Up to 2 members
- ✓ Infants (Aged 0-2): Free of charge
- ✓ Children (Aged 3-17): 50% discount
- ✓ Full Price For Adults

APPLY NOW

Family

Comprehensive Coverage For Your Loved Ones

- ✓ 3 Up to 9 members
- ✓ Infants (Ages 0-2): Free
- ✓ Children (Aged 3-17): 50% discount
- ✓ Full Price For Adults

APPLY NOW

Group

Special Rates For Group Travelers

- ✓ From 10 members
- ✓ Infants (Aged 0-2): Free of charge
- ✓ Children (Aged 3-17): 50% discount
- ✓ 10% Adults discount

APPLY NOW

Students

For International Students Studying In Zanzibar.

- ✓ Yes Exempted
- ✓ Enter Passport and Code to Access Dashboard
- ✓ View Certificate
- ✓ Download Certificate

GET COVER

Pola oznaczone **czerveną** gwiazdką muszą zostać wypełnione

The Revolutionary Government
of Zanzibar

FAQs 

Zanzibar Travel Insurance Application

(Please fill the application Form)

1

2

3

About You

First Name *	Middle Name	Last Name *
Pierwsze Imię	Drugie Imię	Nazwisko
Date Of Birth *	Place Of Birth *	Gender *
Data urodzenia 	Miejsce urodzenia	Płeć ▼

Pola oznaczone **czterwoną** gwiazdką muszą zostać wypełnione

The Revolutionary Government
of Zanzibar

FAQs

Nationality *

Obywatelstwo

Country of Residence(current) *

Kraj zamieszkania(obecny)

Email *

Adres email

Tel No *

 Numer telefonu

Passport Number *

Numer paszportu

Purpose of Visit *

Cel wizyty

Arrival Date *

Data przyjazdu

Departure Date *

Data wyjazdu

NEXT

Kliknij przycisk
„Next”(dalej)

Jeśli podróżujesz z osobą towarzyszącą, zaznacz pole i uzupełnij informacje dotyczące tej osoby.

Jeśli podróżujesz sam, naciśnij przycisk „Next” (dalej)

The Revolutionary Government of Zanzibar

ZIC FAQs

1 2 3

Members

i The number of Members should not exceed two

☐ If you are travelling with another Individual, tick this box, and fill details.

PREVIOUS NEXT

Kliknij „Next”(dalej), aby kontynuować.



The Revolutionary Government
of Zanzibar



FAQs 

1

2

3

Summary



Personal Details
Full Name:
Date Of Birth:
Nationality:
Purpose of Visit:
Phone Number:

Application For Travel Insurance
Gender:
Place Of Birth:
Country of Residence(current):
Email:

Passport Details
Passport Number:

PREVIOUS

NEXT

Wpisz podany tekst
w poniższe pole

Zaznacz pole, aby
potwierdzić, że wszystkie
informacje są poprawne.

Następnie naciśnij
„Proceed submit”

The Revolutionary Government
of Zanzibar

ZIC FAQs

1 2 3

Travel Details

Arrival Date: [REDACTED]

Departure Date: [REDACTED]

Are you human?

V R U V S X

Captcha

Enter The Provided Captcha

* Required

☐ I agree and Confirm all data is correct upon Submission

Insurance Detail

Insurance Type: Individual

PREVIOUS

PROCEED SUBMIT

Tutaj musisz potwierdzić, że akceptujesz powyższe warunki.

Zanzibar Mandatory Inbound Travel Insurance Terms and Conditions

Please read the following Zanzibar Mandatory Inbound Travel Insurance Terms and Conditions:

This system Ensures that all visitors to Zanzibar comply with the Government's requirement for Mandatory Inbound Travel Insurance, safeguarding the health and safety of travelers and residents.

This website and its services are operated by the Zanzibar Insurance Corporation (ZIC) under the directives of the Government of Zanzibar, in accordance with the Data Protection laws of the United Republic of Tanzania, ensuring the confidentiality and security of your personal information.

By submitting your application and purchasing the Mandatory Inbound Travel Insurance, you agree to the following:

Mandatory Requirement: All visitors to Zanzibar must have this insurance. No alternative packages or providers are accepted. Public Health Compliance: You agree to adhere to any public health measures in place, including quarantine, isolation, or testing, if necessary. Accuracy of Information: Providing false or incomplete information will render your insurance void, requiring you to purchase a new one at your expense. Important Notes:

Possession of this Mandatory Insurance is required for entry into Zanzibar. Ensure you have completed the application accurately to avoid delays or issues upon arrival. Applications must be submitted through this official

Thank you for Ensuring a safe and secure visit to Zanzibar.

☐ By Accepting, you Agree to the above Terms and Conditions.

CANCEL

PROCEED



Payment Methods

Reference Number
ZIC- [REDACTED]

Amount To Pay
44.00USD

Control Number
[REDACTED]

Payment Status
Unpaid

You can Pay Via MasterCard, click the button below to complete payments



OR

Alternative Payment: Pay via PBZ



Deposit Cash at any PBZ Counter using the Provided Control Number Below

Control Number: [REDACTED]

PREVIEW INVOICE

Kliknij „Proceed Payment”,
aby przejść do płatności.

Jeśli zdecydujesz się na anulowanie ubezpieczenia, stracisz określony procent wpłaconej kwoty. Procent ten jest podany w ramce.

Zaznacz pole, aby zaakceptować warunki.

Kliknij "Accept" (akceptuję)

Inbound Travel Insurance-Refund Terms and Conditions.

Please read the following Inbound Travel Insurance-Refund Terms and Conditions:

1. Duplicate Payment - Full refund
2. Cancellation within 7 days - 1.5% Deductible
3. Cancellation more than 7 days - 21.5% Deductible
4. Cancellation more than 14 days - 31.5% Deductible

☐ By Accepting, you Agree to the above Terms and Conditions.

CANCEL ACCEPT

Payment Methods

Reference Number
ZIC-136626904

Amount To Pay
44.00USD

Control Number
8050146568220

Payment Status
Unpaid

You can Pay Via MasterCard, click the button below to complete payments



OR

Alternative Payment: Pay via PBZ



Deposit Cash at any PBZ Counter using the Provided Control Number Below

Control Number: 8050146568220

[PREVIEW INVOICE](#)

Kliknij „Pay now”, aby przejść do płatności

Zanzibar Insurance Corporation

Albatros travel

Wprowadź dane
potrzebne do zapłaty za
ubezpieczenie.

Wybierz kartę, którą chcesz zapłacić



Miesiąc

Kod CVN

cybersource
A Visa Solution

Billing Information

* Required field

First Name * Imię(Imiona)

Last Name * Nazwisko

Address Line 1 * Adres

City * Miasto

Country/Region * Kraj

Zip/Postal Code * Kod pocztowy

Email * Adres mailowy

Your Order

Total amount \$44.00

Payment Details

Card Type *

☐ VISA Visa ☐ Mastercard Mastercard

☐ AMEX Amex ☐ UnionPay UnionPay

Card Number * Numer karty

Expiration Month * Month Miesiąc

Expiration Year * Year Rok

CVN * Kod CVN

This code is a three or four digit number printed on the back or front of credit cards.

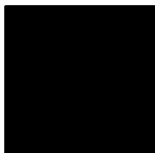
Cancel Next

Kliknij "Next" (dalej)

cybersource
A Visa Solution

Review your Order

Billing Address



Payment Details

Card Type	Mastercard
Card Number	xxxxxxxxxxxx1634
Expiration Date	01-2027

Your Order

Total amount	\$44.00
--------------	---------

Back

Pay

[Cancel Order](#)

Kliknij "Pay" aby zapłacić

Zatwierdź płatność za pomocą MitID

[Annullér](#)

ID Check

Godkend din betaling
ZANZIBAR INSURANCE CORPOR
USD 44,00

Vælg 'Godkend med MitID' for at fortsætte betalingen.

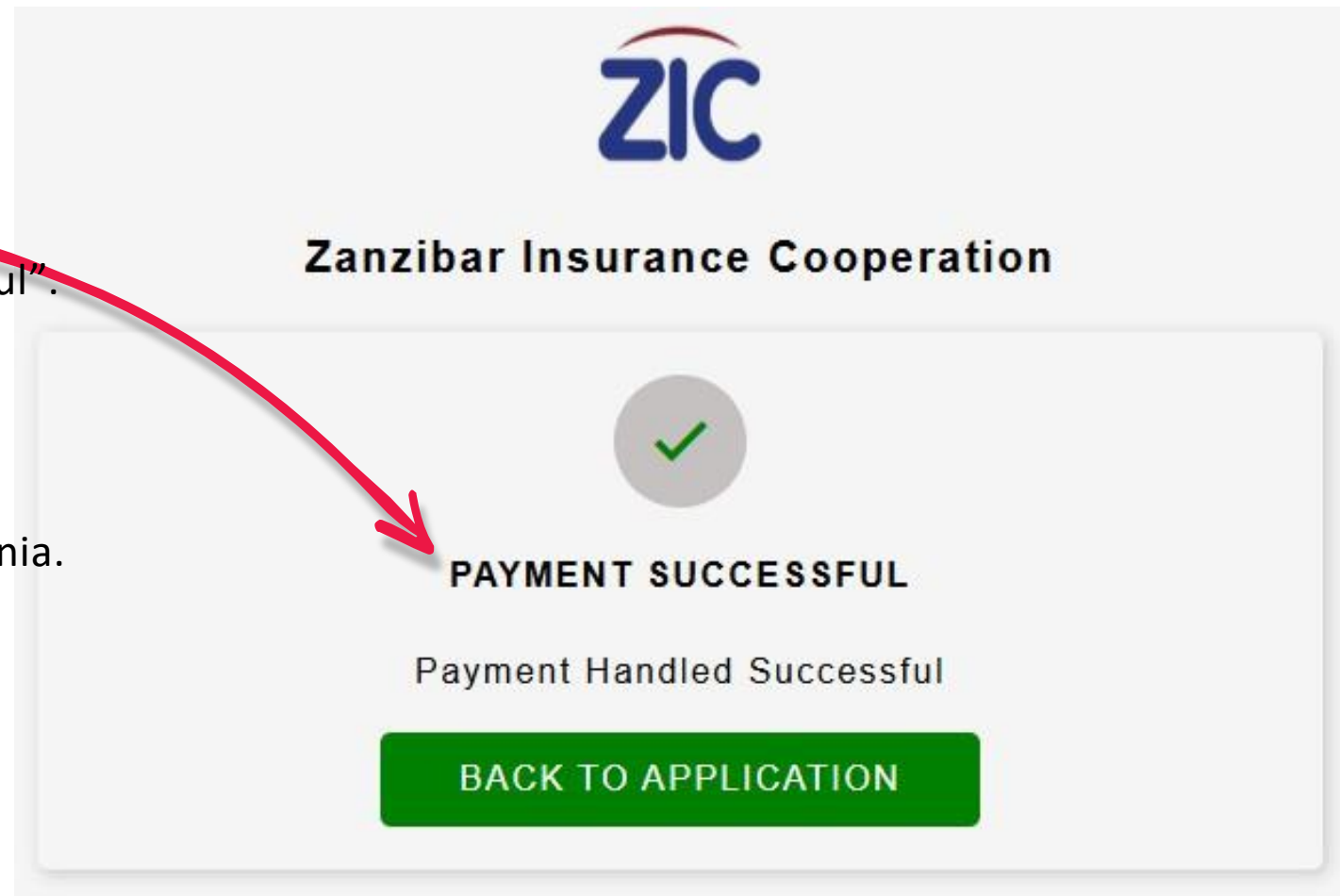
Mit  Godkend med MitID

> Har du brug for hjælp?

Płatność została zrealizowana,
gdy pojawi się komunikat „Payment successful”.

Otrzymasz teraz wiadomość e-mail,
zawierającą załączony Certyfikat Ubezpieczenia.

Na następnej stronie możesz zobaczyć
jak wygląda Twój certyfikat.



Zanzibar Insurance Corporation

Albatros travel

Wydrukuj Certyfikat i zabierz go
ze sobą w podróż.



ZANZIBAR INSURANCE CORPORATION (ZIC)
MANDATORY INBOUND TRAVEL INSURANCE CERTIFICATE

INSURANCE NUMBER
ZIC- [REDACTED]

BENEFICIARY NAME
[REDACTED]

GENDER
[REDACTED]

DATE OF BIRTH
[REDACTED]

PASSPORT NUMBER
[REDACTED]

NATIONALITY
[REDACTED]

ARRIVAL DATE
[REDACTED]



Scan the QR Code above to view insurance's policy details and verifications.

NB: You must present this document to the Immigration upon Arrival for Verification and Approval.