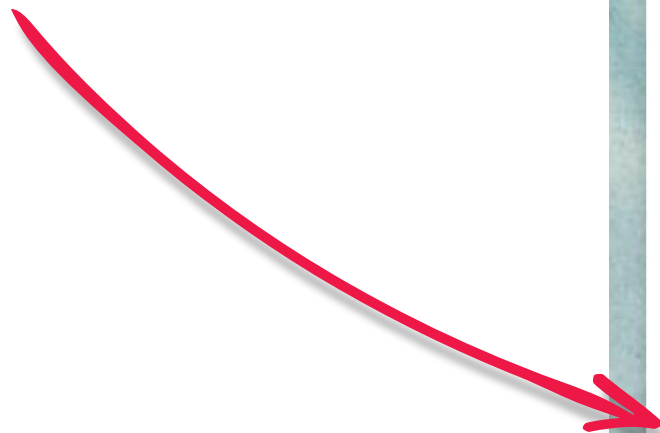


Zanzibar Insurance Corporation

För att resa till Zanzibar måste alla fylla i och betala för en obligatorisk inreseförsäkring.

Klicka på den röda 'Apply now' rutan.



Upp till 2 personer kan
ansöka i 'Individual' rutan, 3
till 9 personer kan ansöka i
'Family' rutan

The Revolutionary Government
of Zanzibar

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

Fälten med **RÖD**
stjärna måste fyllas i

The Revolutionary Government
of Zanzibar

FAQs 

1

2

3

Fälten med **RÖD**
stjärna måste fyllas i

The Revolutionary Government
of Zanzibar

FAQs 

Nationality *

Välj nationalitet ▼

Email *

Fyll i din e-postadress

Passport Number *

Fyll i ditt passnummer

Arrival Date *

Välj ankomstdatum 📅

Country of Residence(current) *

Välj landet du bor i ▼

Tel No *

 Fyll i ditt telefonnummer

Purpose of Visit *

Välj syftet med resan ▼

Departure Date *

Välj avresedatum 📅

NEXT

Klicka på 'Next' för att
fortsätta

Har du en medresenär,
markera rutan och fyll i
informationen för personen.

Reser du ensam, klickar du
bara på 'Next'.

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

Klicka på 'Next' för att fortsätta



The Revolutionary Government
of Zanzibar



FAQs 

1

2

3

Summary



Personal Details

Full Name:

Date Of Birth:

Nationality:

Purpose of Visit:

Phone Number:

Gender:

Place Of Birth:

Country of Residence(current):

Email:

Passport Details

Passport Number:

PREVIOUS

NEXT

Fyll i det som står i rutan
i fältet under

Markera rutan där du
bekräftar att alla
uppgifter är korrekta.

Klicka sedan på '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

PREVIOUS

PROCEED SUBMIT

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

Här måste du bekräfta att du
accepterar och godkänner
ovanstående villkor



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

Klicka på 'Proceed Payment' för att fortsätta till betalningen.

Om du väljer att annullera försäkringen, kommer du att förlora en procentandel av det inbetalda beloppet. Procentandelen anges till höger i rutan.

Markera rutan där du godkänner ovanstående villkor.

Klicka sedan på 'Accept'

×

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.

CANCELACCEPT

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

Klicka på 'Pay Now' för att fortsätta till betalningen.

Fyll i betalningsinformationen
för försäkringen.

Välj vilket kort du vill betala
med

Månad

Säkerhetskod

År

Klicka på 'Next' för att fortsätta

cybersource
A Visa Solution

Billing Information

* Required field

First Name * Förnamn

Last Name * Efternamn

Address Line 1 * Adress

City * Stad

Country/Region * Land

Zip/Postal Code * Postnummer

Email * E-postadress

Your Order

Total amount \$44.00

Payment Details

Card Type *

☐ VISA Visa ☐ Mastercard

☐ AMEX Amex ☐ UnionPay

Card Number * Kortnummer

Expiration Month * Månad

Expiration Year * År

CVN * Säkerhetskod

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

Cancel Next

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
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[Cancel Order](#)

[Back](#)

[Pay](#)

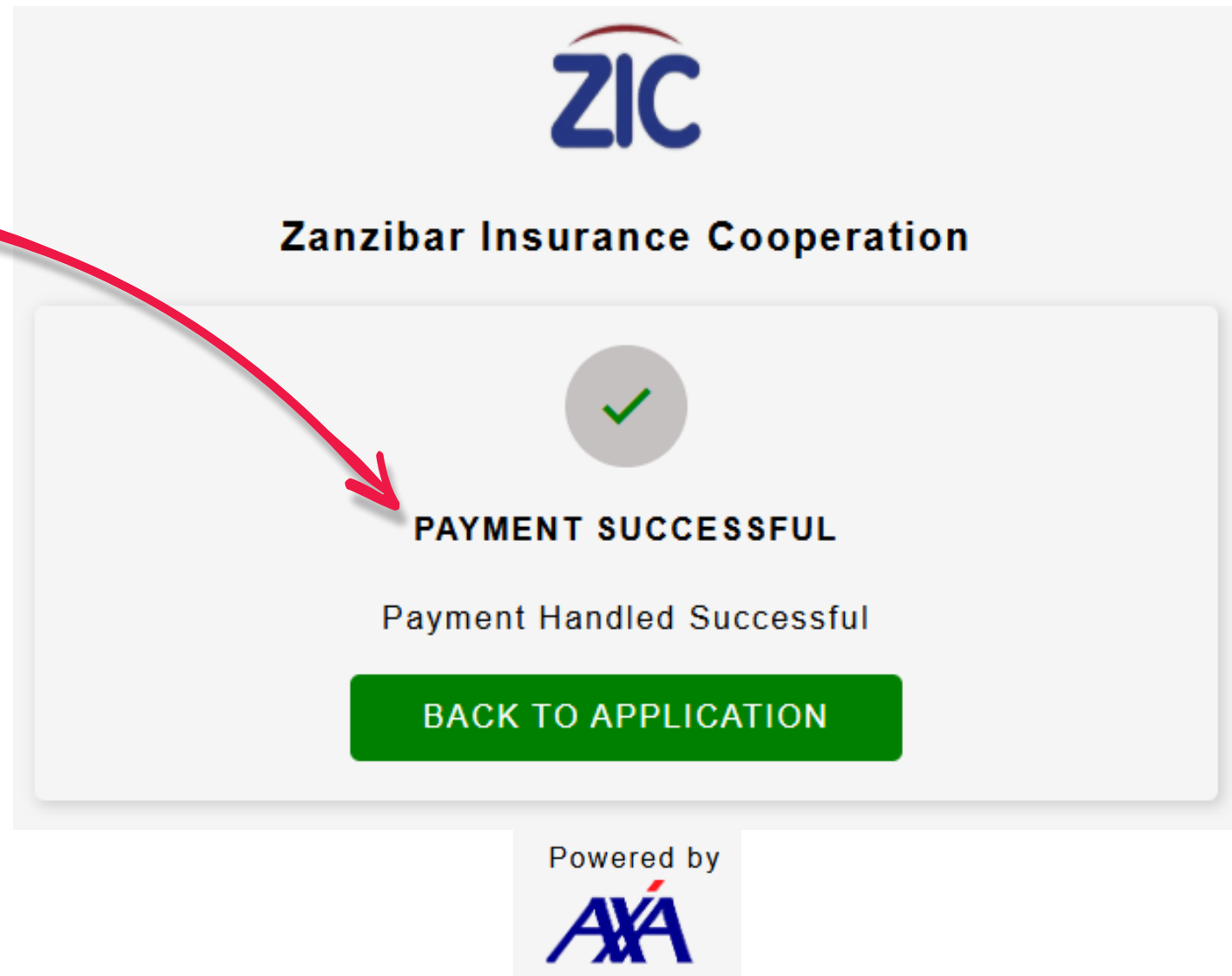
När du har klickat på Pay måste du godkänna betalningen med din bank.

Klicka på 'Pay' för att betala

Betalningen är genomförd när det står 'Payment Successful'.

Du kommer nu att få ett e-postmeddelande där ditt försäkringscertifikat är bifogat.

På nästa sida kan du se hur certifikatet ser ut.



Zanzibar Insurance Corporation

Albatros travel

Skriv ut certifikatet och ta med det på resan.

	ZANZIBAR INSURANCE CORPORATION (ZIC) MANDATORY INBOUND TRAVEL INSURANCE CERTIFICATE	
INSURANCE NUMBER ZIC- [REDACTED]		
BENEFICIARY NAME [REDACTED]		PASSPORT NUMBER [REDACTED]
GENDER [REDACTED]		NATIONALITY [REDACTED]
DATE OF BIRTH [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.		