



THE REPUBLIC OF UGANDA

VISA APPLICATION

SERIAL NO. (For official use only; please do not write in this space)

1. Family Name:

2. Other names:

3. Former Name(s):

4. Address/Telephone

a. Permanent Address:

.....

b. Present Address:

.....

c. Telephone No (s): Home: (.....) Work: (.....)

d. E-mail:

5. Nationality

6. Date and Place of Birth

Day/Month/Year

Place

7. Marital Status: (check/tick one): Married Single Divorced

8. Other family members accompanying applicant: (N.B. Each traveling family member should have a separate application filled out for them.)

Name Date of Birth Place of Birth

Spouse.....

Child.....

Child.....

Child.....

9. Passport No:..... Issued at:..... On.....

Type (check/tic one) Diplomatic Official Ordinary

10. Type of Visa required (check/tick one)

Transit Single Entry Multiple Entry (Six Months) Multiple Entry (12 Months)

11. Proposed Date of Arrival:
Day/Month/Year

Duration of Stay:

12. Reason for Journey:

13. Date(s) of any Previous Visit(s):

a. If in transit, ultimate destination:

b. Has a VISA been obtained for Country of Destination?

14. Any contact person in the Country of which VISA is applied:

a. Name(s):
First Last

b. Phone:

15. The full address in Uganda where you intend to stay:

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Applicant(s) Signature: Date:20.....

Submit Application to:
The Consular Officer
Embassy of the Republic of Uganda
5911 16th Street NW
Washington DC 20011