

Republic of South Sudan

Ministry of Interior



Directorate of Nationality, Passports and Immigration

Visa Application Form **Form 5A** (FILL OUT IN CAPITAL LETTERS ONLY)

Warning: giving false information is considered a crime in accordance with the Passport and Immigration Act, 2011. Visa fees are non-refundable. Visa is not transferable and attempt to do so is considered a crime.

Place of Application Date: / /20
Have you Previously Applied for South Sudan Visa. Yes No
If yes, Previous visa No: Date of Issue Place
of Issue
Entrypoint of Exit
1. Visa Type Requested: Single: Multiple: Transit: Other: (Specify)
Purpose of visit: Visit Education Tourism Medical treatment Official Other (Specify)
Duration of Intended Stay
Mode of Transport: Air Road/Trail River River
2. Personal Details (As in Passport)
Surname:
Given Names:
Date of Birth (Day/Month/Year):/
Place of Birth:Country of Birth
Sex: Male Female
Marital Status: Single Married Divorced Widowed

Nationality / Citizenship:	
(If dual, give both)	
3. Passport Details:	
4. Passport Type: Regular Diplo	omatic Special Business Other (specify)
Passport No:	ate of Issue (Day/Month/Year):/
Country of Issue:	te of Expiry (Day/Month/Year):/
5. Professional / Occupation Details:	
Present Occupation:	Title:
Employer Name: Employer Address:	
	Phone No:
E-mail:	
6. Applicant's Contact Details:	
Present Address:	
Permanent Country of Origin Address:	
Phone No: E-mail Address:	
7. Family Details:	
Spouse Details	
Surname:	
Given Names:	
Permanent Address:	
	Mobile No

E-mail Address:
Next of Kin Details
Surname:
Given Names:
Permanent Address:
Phone No: Mobile No.
E-mail Address:
8. Have you ever:
a) Been convicted of a crime or offence in any country? Yes \[\square \text{No} \square \]
b) Been deported or removed from South Sudan or any country for overstaying your visa or violating any law or regulation? Yes \(\square \) No \(\square \)
c) Been convicted and sentenced for a drug offence in any country in violation of law concerning narcotics, marijuana, opium, stimulants or psychotropic substances? Yes No
d) Committed trafficking in persons or incited or aided another to commit such an offence? Yes \[\subseteq \text{No} \subseteq \]
e) Are you suffering from tuberculosis, any other infectious or contagious disease
Yes No No
If you answer yes to any of the questions above, provide explanation below:
Address of Place of Stay / Hotel:
Funds Available For My Stay
9. Guarantor or references in South Sudan:
Name:

Address		
Date of Birth (Day/Month/Year):/	/	
Relationship to Applicant:		
Profession/occupation:		
Nationality and Immigration Status:		
10. Declaration:		
I declare that the information provided in this form	is true and accurate.	
Signature of the applicant (Sign below here)	Date (Write below here)	
	:/	
FOR (OFFICIAL USE	
Approving Authority:		
Officer Name:	Title:	
Entry Type: Single Multiple	Period of stay	
Officer's Signature:	Date (Day/Month/Year):	
Comments:		
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Fees		
Amount:		
Date of Receipt:	Receipt No:	
Designated Officer's Name:	Title:	
Signature and stamp		
Visa Number:		