

THE REPUBLIC OF UGANDA

PHOTO HERE

PASTE YOUR

VISA APPLICATION

SEF	IAL NO (For office 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
	d. E – Mail
	Nationality
5.	
6.	Date and place of Birth
	Day/Month/Year Place
	Marital Status: (Check/tick one) Married Single Divorced
7.	Marital Status:(Check/tick one)
8.	Other family members accompanying applicant (complete appropriate line/s)
Spo	use
Chi	14
Chi	Id
	Passport No on
	Type (Check/tick one) Diplomatic Dofficial Ordinary
	Type (Check/tick one) Diplomatic Difficult Type of visa required (Check/tick one)
9.	Transit Single Entry Multiple Entry (Six Months) Multiple Entry (Twelve Months)
10.	Proposed date for arrival:
	Day/Month/Year Duration of stay:
11.	Reason for Journey:
12.	Date(s) of any previous visit(s)
13.	a If in transit ultimate destination:
	b
	c. Has a visa been obtain for country of destination?
14	Any contact person in the country of which VISA is applied:
T.L.	
	a. Name(s): Last
	b. Phone:
15.	The full address in Uganda Where you intend to stay:
	Applicant(s) Signature: