



**THE REPUBLIC OF UGANDA  
VISA APPLICATION**

**SERIAL NO :** ..... ( Please do not write in this space, for official use only)

1. Last Name (Family Name): .....

2. Other Given Names: .....

3. Former Name(s) if applicable:.....

4. Permanent Address: .....

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

Cell phone (optional): (    ).....

b. E-mail address: .....

5a. Nationality:..... 5b. Current Occupation:.....

6. Date and Place of Birth ...../...../.....  
Day Month Year Place of Birth

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

8. Other family members accompanying applicant:

(N.B. Each traveling family member must have a separate application filled out for them)

Name	Date of Birth	Passport number
Spouse.....		
Child.....		
Child.....		
Child.....		

9. Passport No:..... Date of Issue...../...../..... Expiry date...../...../.....  
Day Month Year Day Month Year

Type of Passport (check/tick one)     Diplomatic     Official     Ordinary

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

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

11. Category of Visa (check/tick one)

Tourist     Holiday visit     Business     Student     Govt. Business

12. Proposed Date of Arrival in Uganda: ...../...../.....  
Day Month Year

Planned duration of Stay in Uganda: .....

13. Reason for the Journey: .....

14. Date(s) of any Previous Visit(s) to Uganda: .....

15. Any contact person in Uganda:

a. Name: .....  
First Last/Family Name

b. Phone: ..... c. email:.....

16. Full address where you intend to stay while in Uganda: .....  
.....

17. If in Transit:

a. Indicate your ultimate destination: .....

b. Have you obtained a visa for country of destination? .....

Applicant's Signature: ..... Date: ...../...../.....  
Day Month Year

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