



REPUBLIC OF UGANDA

THE REPUBLIC OF UGANDA VISA APPLICATION FORM TO ENTER AND/OR TRASIT IN UGANDA

- 1. Last Name of applicant (in Capital).....
- 2. First Name.....
 - (a) Maiden Name.....
- 3. Accompanied by.....
- 4. Address:
 - (a) Permanent.....
 - (b) Present.....
 - (c) Telephone No
- 5. Nationality.....
- 6. (a) Date of Birth.....
 - (b) Town and Country of Birth
 - (c) Professionsex.....
- 7. Passport:
 - (a) Number.....
 - (b) Date and Place of Issue.....
- 8. Date of entry into Uganda.
- 9. Reason for journey and expected length of stay.....
- 10. Date of expected departure from Uganda and route of entry to Country of destination.....
.....
- 11. Address (in full) to which traveling.....
.....
- 13. References in country to be visited.....
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- 14. Dates and duration of previous visits to Uganda.....
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- 15. Whether in possession of a Uganda re- entry visa.....
- 16. DateSignature.....

**PERMANENT MISSION OF THE REPUBLIC OF UGANDA TO THE UNITED NATIONS
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NEW YORK, NEW YORK 10017
TELEPHONE (212) 949-0110**