

## **UGANDA VISA APPLICATION FORM**

The Permanent Mission of Uganda 336 East 45<sup>th</sup>

New York, NY 10017 Tel: +1(212)949-0110 Fax: +1(212)687-4517

Email: newyork.visa@mofa.co.ug,

visa@ugandamissionunny.net

**Passport** size photo here.

This form must be fully completed in English using blue or black ink. Please attach one (1) passport size photograph.

Part 1	General information
Type of visa required Tourist	Put a cross (x) in the relevant box.  Business Employment EAC Visa
Official	Student Other
If other (Please Ex	plain)
Validity of visa: Put o	a cross (x) in the relevant box
Single Entry (3 month	Multiple Entry (6 Months) EAC (3 months multiple)
What is the purpose o	f your visit to Uganda?

## How long will you stay in Uganda? From To **Travel Dates:** What is your date of travel? Which date will you leave Uganda? M **Personal Details** Part 2 **Given Names** (as shown in your passport) Family name (as shown in your passport) **Other names** (include all previous names used) **Sex** (*Put a cross* (x) *in the relevant box*) Male Female **Current Occupation and Employer's Contact address Previous Occupation** (Physical address, Phone and E-mail address) (Physical address, Phone and E-mail address) **Marital Status** (Put a cross (x) in the relevant box) Divorced/Separated Single Married Widowed **Date of Birth** Place of Birth **Country of Birth Nationality**

Part 3	Contact Details
Give your U.S residential addre	Details of contact person, OR Hotel address and telephone Number in Uganda.
(Physical address, Phone and E-mail	l address) (Physical address, Phone and E-mail address)
Part 4	Passport Information
Current Passport Number	Ordinary Travel document  Place of issue  Date of issue  D D M M Y Y Y Y
Part 5	Previous Applications
Have you travelled to Uganda i  If 'Yes' please provide details in t.	
Date	
Destination	
Purpose	
Duration	

Part 5	Part 5 Declaration								
The information I have given in this form is complete and true to the best of my knowledge and the attached photograph is a true likeness of me.									
Signature				Date					
		D	D M	М	Y Y	Y			
	automatic qualification the Visa after a thoroug					the			
Part 7	Official	Use Only							
Amount Paid (\$)	Money Order No.								
Type of Visa issued SINGLE (3 Months)	MULTIPLE (6 Months)	GRA	ATIS	DIPLOM	IATIC				
VISA NUN	/BER	DATE OF ISSUE							
Authorizing Officer									
Signature									
Date		D D	M M	Y	Y Y	Y			