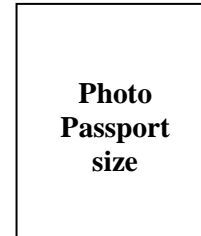




**EMBASSY OF THE REPUBLIC OF SOUTH SUDAN
Rome - Italy**

VISA APPLICATION FORM: FORM 5A



Warning: Giving false information is considered a crime in accordance with the Passport and Immigration Act 2011 of the Republic of South Sudan. Visa fees are non-refundable.

Visa is not transferable and attempt to do so is considered a crime.

1. 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)

2. PASSPORT DETAILS:

Passport Type:

Regular Special Diplomatic Business Other Specify:.....

Passport No: **Date of Issue** (Day/Month/Year):/...../.....

Place of Issue: **Date of Expiry** (Day/Month/Year)/...../.....

3. HAVE YOU PREVIOUSLY APPLIED FOR SOUTH SUDAN VISA? Yes No

If yes, provide VISA number/:..... Date of Issue .../.../..... Place of Issue:

Date of arrival in South Sudan/...../.....

Point of entry:..... Point of exit:

4. TYPE OF VISA:

Single Multiple Other Specify

.....

5. PURPOSE OF VISIT:

Education Tourism Official Other Specify

Duration of stay:

Date of arrival in South Sudan:/...../.....

Mode of transport: Air Road Rail River

6. PROFESSIONAL / OCCUPATION DETAILS:

Occupation:.....

Employer Name.....

Employer Address:.....

Phone No: **E-mail:**

7. APPLICANT’S CONTACT DETAILS:

Present address:.....

Permanent address from country of origin:

Phone No: **Mobile No:**

E-mail address:.....

8. FAMILY DETAILS:

I. SPOUSE DETAILS

Surname:

Given names:

Permanent address:

Phone No: Mobile No:

E-mail address:

II. NEXT OF KIN DETAILS

Surname:

Given names:

Permanent address:

Phone No: Mobile No:

E-mail address:

9. HAVE YOU EVER:

- a) Been convicted of a crime or offence in any country? Yes: No:
- b) Been deported or removed from South Sudan or any country for overstaying your visa or violating any law or regulation? Yes: No:
- 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: No:
- e) Are you suffering from tuberculosis, any other infectious or contagious disease? Yes: No:

If yes to any of the questions above, provide explanation below:

.....
.....

10. ADDRESS OF PLACE OF STAY:

Hotel (name):

.....

Other Specify:

11. CONTACT IN SOUTH SUDAN:

Name: **Telephone No.:**

Address:

Relationship to the applicant:

.....

Profession/occupation:

12. DECLARATION:

I,, declare that the information provided in this form is true and accurate.

Signature of the applicant: **Date:**/...../.....

FOR OFFICIAL USE

APPROVING AUTHORITY:

Officer name: Title:

Type of visa: Single: Multiple Period of stay:

Officer's Signature: Date:/...../.....

Comments:

.....

FEES

Amount in Euro: €

Date of receipt:/...../..... Receipt No:

Designated Officer's name: Title:

Visa Number:

Signature and stamp:

.....