



UGANDA VISA APPLICATION FORM

Passport
size photo
here.

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

Type of visa required: Put a cross (x) in the relevant box.

Tourist Business Other (please specify)

Validity of visa: Put a cross (x) in the relevant box

Single Entry (3 months) Other (please specify)

What is the purpose of your visit to Uganda?

How long will you stay in Uganda?

Travel Dates:

What is your date of travel?

Which date will you leave Uganda?

Part 1

Personal Details

1.1 Given Names (as shown in your passport)

1.2 Family name (as shown in your passport)

1.3 Other names (include all previous names used)

1.4 Sex (Put a cross (x) in the relevant box)

Male Female

1.5 Current Occupation

1.6 Previous Occupation

1.7 Marital Status (Put a cross (x) in the relevant box)

Single Married Divorced/Separated Widowed

1.8 Date of Birth

1.9 Place of Birth

1.10 Country of Birth

1.11 Nationality

Part 2**Your Contact Details**

2.1 Give your UK / EU residential address 2.2 Give your contact address in Uganda

 Post Code:

2.3 Home (landline) phone contact

2.4 Mobile phone contact

2.5 Email address contact

Part 3**Passport Information**

3.1 Your Current Passport Number

3.2 Place of issue

3.3 Issuing Authority

3.4 Date of issue

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3.5 Date of Expiry

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Part 4**Previous Applications**4.1 Have you travelled to Uganda in the past 5 years? Yes No

If 'Yes' please provide details in the box below.

Date	Destination	Purpose	Duration

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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For Official use only:

<input type="checkbox"/>	Visa Fee Rcvd	Dispatch Date:	Recorded Del No:
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Authorising Officer:

Remarks: