

EMBASSY OF THE REPUBLIC OF UGANDA WASHINGTON, D.C.

VISA APPLICATION

SERIAL NO.					
•					
•			•		
3. Former Name(s):					
4. Address/Telephone					
a. Permanent Add	ress:				
b. Present Address	:				
c. Telephone No(s);				
5. Nationality:					
6. Date and Place of B7. Marital Status: (chec8. Other family memb	k one) 🔲 Mai	rried 🔲 Sin	gle 🔲 Divor	rced	
		Name	D	ate of Birth	Place of Birth
Wife					
Child					
9. Passport No.:		Issued at:		On:	
Type: (check one)	■ Diplomatic	Official	Ordinary		
10.VISA Required					
10.VISA Required Type: (check one)		Transit] Single Journey	☐ Multiple Journe	y (in transit for short visit)

Side One

11.	Commonwealth Country for which VISA is applied:
12.	Proposed Date of Arrival:
	Duration of Stay:
13.	Reason for Journey:
14.	Date(s) of any Previous Visit(s)
	a. If in transit, ultimate destination:
	b. Has a VISA been obtained for Country of Destination?
15.	Any Reference in the country for which VISA is applied:
	Address:
16.	The full address in Uganda where you intend to stay:
Sign	ature
Sign	ature Date 19
Sign	
Sign	Applicant
Sign	
Sign	Applicant
Sign	Applicant
•	Applicant
•	FOR OFFICIAL USE ONLY
VISA	FOR OFFICIAL USE ONLY