

## THE REPUBLIC OF UGANDA VISA APPLICATION

SERIAL NO :	( Please do not write in this space, for official use only)		
1. Last Name (Family Name):			
2. Other Given Names:			
3. Former Name(s) if applicable:			
4. Permanent Address:			
a. Telephone No (s): Home: (	)Work: ( )		
Cell phone (optional): (	)		
b. E-mail address:			
5a. Nationality:	5b. Current Occupation:		
6. Date and Place of Birth// Bay Month Year			
7. Marital Status: (check/tick one):	☐ Single ☐ Divorced		
8. Other family members accompanying applicant:			
(N.B. Each traveling family member must have a se	eparate application filled out for them)		
Name Date	of Birth Passport number		
	or Britis		
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G.II.G.			
9. Passport No:	Date of Issue/ Expiry date/		
Type of Passport (check/tick one) Diplom	natic		
10. Type of Visa required (check/tick one) We are	out of Multiple Entry (Six Months) Visas until July 18th, 2011.		
Transit Single Entry Multiple En	ntry (Six Months)		
11. Category of Visa (check/tick one)			
Tourist Holiday visit Business	Student Govt. Business		

Form J 6/01 Side one

12. Proposed Date of Arrival in Uganda: .	Day Month	···./Year		
Planned duration of Stay in Uganda:				
13. Reason for the Journey:				
14. Date(s) of any Previous Visit(s) to Uga	anda:			
15. Any contact person in Uganda:				
a. Name:				
First			Last/Family Name	
b. Phone:		c. email:		
16. Full address where you intend to stay				
17. If in Transit:				
a. Indicate your ultimate des	stination:			
b. Have you obtained a visa	for country of d	estination?		
Applicant's Signature:		Date:	Dav Month Year	

Submit Application to:
The Consular Officer
Embassy of the Republic of Uganda
5911 16th Street NW
Washington DC 20011