



Passport
size photo
here.

UGANDA VISA APPLICATION FORM

Uganda Embassy
5911 16th Street North West
Washington, DC 20011
Tel: +1(202)726-7100
Fax: +1(202) 726-1727
Email: washington@mofa.go.ug

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: *Put a cross (x) in the relevant box.*

Tourist Business Employment EAC Visa

Official Student Other

If other (Please Explain)

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

Single Entry (3 months) Multiple Entry (6 Months) EAC (3 months multiple)

What is the purpose of 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?

Part 2

Personal Details

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**

(Physical address, Phone and E-mail address)

Previous Occupation

(Physical address, Phone and E-mail address)

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

Single Married Divorced/Separated Widowed

Date of Birth

Place of Birth

Country of Birth

Nationality

Part 3

Contact Details

Give your U.S residential address

Details of contact person, OR Hotel address and telephone Number in Uganda.

(Physical address, Phone and E-mail address)

(Physical address, Phone and E-mail address)

Part 4

Passport Information

Type of Passport

(Put a cross (x) in the relevant box.)

Diplomatic Official Ordinary Travel document

Current Passport Number

Place of issue

Issuing Authority

Date of issue

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Date of Expiry

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Part 5

Previous Applications

Have you travelled to Uganda in the past 3 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

| |
|--|
| |
|--|

| | |
|---|---|
| D | D |
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| | |
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| M | M |
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| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

PLEASE NOTE:

This process is not an automatic qualification to obtain a VISA. The consular office reserves the right to deny or issue the Visa after a thorough review of your submitted paperwork.

| | |
|---------------|--------------------------|
| Part 7 | Official Use Only |
|---------------|--------------------------|

| | | | |
|-------------------------|----------------------|------------------------|----------------------|
| Amount Paid (\$) | <input type="text"/> | Money Order No. | <input type="text"/> |
|-------------------------|----------------------|------------------------|----------------------|

Type of Visa issued

SINGLE (3 Months) MULTIPLE (6 Months) GRATIS DIPLOMATIC

| VISA NUMBER | DATE OF ISSUE |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

| | | | | | | | | | |
|---------------------|---|---|---|---|---|---|---|---|---|
| Authorizing Officer | <input type="text"/> | | | | | | | | |
| Signature | <input type="text"/> | | | | | | | | |
| Date | <table border="1"><tr><td>D</td><td>D</td></tr></table> <table border="1"><tr><td>M</td><td>M</td></tr></table> <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y |
| D | D | | | | | | | | |
| M | M | | | | | | | | |
| Y | Y | Y | Y | | | | | | |