



**HIGH COMMISSION OF THE REPUBLIC OF UGANDA
PRETORIA**

VISA APPLICATION FORM

PHYSICAL ADDRESS:

The High Commission of the Republic of Uganda,
882 Stanza Bopape Street, Arcadia, 0083.
Pretoria – South Africa.

**Affix a
coloured
Passport size
photograph
here.**

POSTAL ADDRESS:

P.O Box 12442, Hatfield, 0028
Pretoria – South Africa

Email: ugacommer@mweb.co.za

pretoria@mofa.go.ug

This form **must** be fully completed in English using blue or black ink.

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)

Multiple Entry (6Months)

☐

What is the purpose of your visit to Uganda?

How long will you stay in Uganda?

TRAVEL DATES:

What is your date of travel?

D	D	M	M	Y	Y	Y	Y
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Which date will you leave Uganda?

D	D	M	M	Y	Y	Y	Y
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Part 1**PERSONAL DETAILS****1.1 Surname** *(as indicated in your passport)***1.2 Middle Names** *(as indicated 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

D	D	M	M	Y	Y	Y	Y
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1.9 Place of Birth**1.10 Country of Birth****1.11 Nationality****Part 2****YOUR CONTACT DETAILS****2.1 Give your residential address****2.2 Details of contact person, address and telephone in Uganda****2.3 Home (landline) phone contact****2.4 Mobile phone contact****2.5 Email address****Part 3****PASSPORT INFORMATION****3.1 Your Current Passport Number****3.2 Place of issue**

3.3 Issuing Authority

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3.4 Date of issue

D	D
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M	M
---	---

Y	Y	Y	Y
---	---	---	---

3.5 Date of Expiry

D	D
---	---

M	M
---	---

Y	Y	Y	Y
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Part 4**PREVIOUS APPLICATIONS****4.1 Have you travelled to Uganda in the past 5 years?**

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

<i>Date</i>	<i>Destination</i>	<i>Purpose</i>	<i>Duration</i>

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. By signing below, I also understand that the visa fees are NON REFUNDABLE.

Signature

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Date

D	D
---	---

Month

M	M
---	---

Year

Y	Y	Y	Y
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FOR OFFICIAL USE ONLY:

	Visa Fee Rcvd	Dispatch Date:	Recorded No:
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Authorising Officer:	Remarks:
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