



**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: ugacomer@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**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

3.4 Date of issue

D	D	M	M	Y	Y	Y	Y
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3.5 Date of Expiry

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

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

Date	Destination	Purpose	Duration

Part 5	DECLARATION
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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

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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