



VISA APPLICATION FORM

Serial No:

High Commission of the Republic of Uganda, Uganda House, 58-59 Trafalgar Square London
WC2N 5DX Telephone: 0207 839 5783 Fax: 0207 839 8925

Visa required: Visa fee received:
Visa No: Recorded Delivery No:
Date of Dispatch: Remarks:
Authorising Officer:



Please read the information on Page 2 carefully and fill form in block letters.

Surname..... Other Names.....
Passport No..... Place of Issue..... Date of Issue.....
Date of Expiry.....
Date of Birth Place of Birth
Nationality
Current Occupation..... Previous Occupation
Work or School Address
Home Address
Telephone No: Day/Work Evening
Marital Status: Married/Single/Divorced/Widowed/Separated* *Delete whichever does not apply

Details of child, only if included on the passport and travelling with the applicant

<u>Name</u>	<u>Date and Place of Birth</u>	<u>Sex</u>	<u>Relationship to applicant</u>
1			
2.....			
3.....			

Visa applied for: Single Entry/ Student/ Transit

Purpose of Entry
Date of arrival.....Duration of stay.....Dates of previous visits
If in transit, final destination
Have you obtained a visa for country of destination? Yes/No/Not necessary* *Delete whichever does not apply

Full name, address and telephone number of contact in UK and Uganda if there is need.

In UK:
Telephone:
In Uganda:
Telephone:
Date..... Applicant's Signature