



**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](mailto: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
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**Date of Expiry**

D	D	M	M	Y	Y	Y	Y
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**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.

<b>Date</b>	
<b>Destination</b>	
<b>Purpose</b>	
<b>Duration</b>	

**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

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D	D
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M	M
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Y	Y	Y	Y
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**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.*

<b>Part 7</b>	<b>Official Use Only</b>
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<b>Amount Paid (\$)</b>		<b>Money Order No.</b>	
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**Type of Visa issued**

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

VISA NUMBER	DATE OF ISSUE

Authorizing Officer									
Signature									
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
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Y	Y	Y	Y						