Email: info@Ugandahighcommission.co.uk This form must be fully completed in English using blue or black ink. Please attach one (1) passport size photograph. **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 (6 Months) What is the purpose of your visit to Uganda? How long will you stay in Uganda? Travel Dates: What is your date of travel? Which date will you leave Uganda? **Personal Details** Part 1 **1.1 Given Names** (as shown in your passport) **1.2 Family name** (as shown in your passport) **1.4 Sex** (Put a cross (x) in the relevant box) **1.3 Other names** (include all previous names used) 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 1.9 Place of Birth 1.8 Date of Birth 1.10 Country of Birth 1.11 Nationality

UGANDA VISA APPLICATION FORM

Uganda High Commission, Uganda House 58-59 Trafalgar Square London WC2N 5DX, Tel: 0207 839 5783 Fax: 0207 839 8925, Email: info@Ugandahighcommission.co.uk

Passport size photo here. Part 2

Your Contact Details

2.2 Details of contact person, address and telephone in Uganda

Post Code:

Part 3

Part 5

2.3 Home (landline) phone contact

2.4 Mobile phone contact

2.5 Email address contact

Passport Information

3.1 Your Current Passport Number	3.2 Place of issue	
3.3 Issuing Authority	3.4 Date of issue	
3.5 Date of Expiry		
Part 4 Previous Applications		
4.1 Have you travelled to Uganda in the past 5 years? Yes No If 'Yes' please provide details in the box below. If 'Yes' please provide details in the box below.		
Date Destination	Purpose Duration	

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	
For Official use only:			
Visa Fee Rcvd	Dispatch Date:	Recorded Del No:	

Authorising Officer:	Remarks:
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