Serial No: … …



VISA APPLICATION FORM

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:

Passport size photograph here

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

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

Name	Date and Place of Birth	Sex	Relationship to applicant
1 ……			
2……			
3……			

Visa applied for: Single Entry/ Student/ Transit

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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

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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 ……