



**CONSULATE
THE REPUBLIC OF UGANDA
SINGAPORE**

VISA APPLICATION FORM

Please PASTE
one photograph
here.
Second
photograph to
be attached.
Photo in
passport size.

***Type Of Visa Applied: (Single / Multiple 6 mths / Multiple 12 mths / Transit / Student)**

***Urgent Processing Required: Yes / No**

1. Family Name : Given Name :
2. Former Names (If any) : 3. Sex :
4. Marital Status : *(Single / Married / Divorced / Widowed)
5. Date Of Birth : 6. Place Of Birth :
7. Nationality : Former Nationality (if any) :
8. Passport No: Type : *(Diplomatic / Official / Ordinary)
9. Passport Date Of Issue: Place Of Issue
10. Passport Date Of Expiry :
11. Permanent Address :
12. Telephone No. (s) :
13. Name, place and date of birth of children accompanying applicant:
.....
.....
14. Occupation :
15. Name Of Employer / Institution :
16. Address Of Employer / Institution :
17. Telephone No. (s) of Employer / Institution :
18. Purpose Of Visit :
19. Proposed Date Of Arrival : 20. Duration Of Stay :
21. Date Of Last Visit (if any) :
22. If In Transit, Final Destination :
23. Reference in Uganda :
24. Have you ever been declined for your Uganda Visa application *(Yes / No)
If declined, when and where

DECLARATION : I hereby declare that the information given above is true and correct.

Signature of applicant Date

***Delete accordingly**

For Official Use Only	
Visa No. / Type :	
Date Approved :	
Date Issued :	
Approved By :	