



Serial No: .....

VISA APPLICATION FORM

High Commission of the Republic of Uganda, 231 Cobourg Street, Ottawa ON K1N 8J2
Telephone: (613) 789 7797 Fax: (613) 789 8909

Visa fee received:

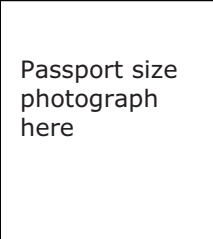
Visa No:

Recorded delivery No:

Date of dispatch:

Remarks:

Authorizing Officer:



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

Surname: ..... Other Names.....

Former Names: ..... Gender.....

Telephone:..... Email: .....

Passport No: ..... Place of Issue: ..... Date of Issue.....

Type of Passport: ..... Date of expiry: .....

Date of Birth: ..... Place of Birth: .....

Nationality: ..... Former: .....

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 children, only if included on the passport and traveling with the applicant

Name Date and Place of Birth Sex Relationship to applicant

1 .....

2 .....

Visa applied for: Single Entry/ 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

Full name, address and telephone number of contact in Canada and Uganda

In Canada: .....

Telephone: .....

In Uganda: .....

Telephone: .....

I understand by signing below that the processing fee is non-refundable.

Date: ..... Applicant's Signature: .....