



UGANDA

Visa Requirements:

- ! Signed Passport valid for six months with at least one blank visa page.
- ! Two visa application forms completed and signed.
- ! Two passport sized photos 2" x 2" ONLY.
- ! Copy of flight itinerary from the travel agent or a copy of tickets (For tourist visa).
- ! A letter of invitation or introduction for organization in Uganda. (Mission)
- ! A letter of Financial Responsibility from your company. (For business visa).
- ! Valid Health Certificate- Yellow fever
- ! Copy of your Green Card (For Non-U.S. Citizens).

Processing Fees:

Processing Time:	American Visa of DC Fee:	Embassy Fee:	Fed Ex Shipping Fee:	TOTAL:
Three Working Days Single Entry :	\$55	\$50	\$30	\$135
Next Day Single Entry:	\$90	\$70	\$30	\$190
Three Working Days Multiple Entry (6 month):	\$55	\$100	\$30	\$185
Next Day Multiple Entry (6 months):	\$90	\$120	\$30	\$240
Three Working Days Multiple (1 year):	\$55	\$200	\$30	\$285
Next Day Multiple Entry (1 year):	\$90	\$220	\$30	\$340

- ! Please add \$15 for all applications submitted that are for Non U.S. citizens

Validity of Visas:

- ! Tourist and Business visas are valid as indicated in the table above.

Jurisdiction:

- ! Residents of all states can be processed in Washington DC.

Payment Options:

- ! Payment may be made by personal or company check, money order or by credit card (American Express, Master Card, Visa or Discover).

1801 Columbia Rd, NW #205, Washington, DC 20009

Tel: 202-462-5908 Fax: 202-387-5430

Email: info@americanvisadc.com

www.americanvisadc.com



**THE REPUBLIC OF UGANDA
VISA APPLICATION**

SERIAL NO : (Please do not write in this space, for official use only)

1. Last Name (Family Name):

2. Other Given Names:

3. Former Name(s) if applicable:.....

4. Permanent Address:

a. Telephone No (s): Home: ()Work: ()

Cell phone (optional): ().....

b. E-mail address:

5a. Nationality:..... 5b. Current Occupation:.....

6. Date and Place of Birth/...../.....
Day Month Year Place of Birth

7. Marital Status: (check/tick one): Married Single Divorced

8. Other family members accompanying applicant:

(N.B. Each traveling family member must have a separate application filled out for them)

Name	Date of Birth	Passport number
Spouse.....		
Child.....		
Child.....		
Child.....		

9. Passport No:..... Date of Issue...../...../..... Expiry date...../...../.....
Day Month Year Day Month Year

Type of Passport (check/tick one) Diplomatic Official Ordinary

10. Type of Visa required (check/tick one)

Transit Single Entry Multiple Entry (Six Months) Multiple Entry (12 Months)

11. Category of Visa (check/tick one)

Tourist Holiday visit Business Student Govt. Business

12. Proposed Date of Arrival in Uganda:/...../.....
Day Month Year

Planned duration of Stay in Uganda:

13. Reason for the Journey:

14. Date(s) of any Previous Visit(s) to Uganda:

15. Any contact person in Uganda:

a. Name:
First Last/Family Name

b. Phone: c. email:.....

16. Full address where you intend to stay while in Uganda:
.....

17. If in Transit:

a. Indicate your ultimate destination:

b. Have you obtained a visa for country of destination?

Applicant's Signature: Date:/...../.....
Day Month Year

Submit Application to:
The Consular Officer
Embassy of the Republic of Uganda
5911 16th Street NW
Washington DC 20011