UGANDA HIGH COMMISSION, NEW DELHI REQUIREMENTS FOR A UGANDAN VISA

1.	PASSPORT	Passport must be valid for 6-9 months.		
2.	APPLICATION FORM	Two Application forms to be fully completed by each applicant.		
3.	PHOTOGRAPHS	Passport Size 02		
4.	LETTERS	 Applications for both Business and Tourist visas must be accompanied by an original letter from the employer station position held, period of employment and leaves dates granted. The same goes for self employed business people. Both Tourist & Business applications must show evidence of good financial standing bank statement and a return ticket. If on business, in addition on above letter, state the nature of business and companies to be visited in UGANDA and a letter of invitation from the company in UGANDA. If visiting relatives /friends copies of passport copy, work permit copy & proof of residence in UGANDA should accompany the application form. Invitation letter should be faxed to UGANDA HIGH COMMISSION No. 0091 - 11- 49363649 New Delhi with the telephone/Fax Nos. of the person 		
5.	MINORS (UNDER 16 YEARS OLD)	 inviting you from UGANDA. Who are endorsed in parent's passport will also require 02 photographs. Who are not travelling with parents will require consent in writing from the parents. 		
6.		In states where there are no Ugandan Honorary Consulates, Visa applications can be sent through post or courier but with registered, stamped and self – addressed envelope.		
7.	VACCINATION	International Certificate of Vaccination for yellow fever.		
8.	COST	Visa fee Rs. 3300.00 Draft, Payable to UGANDA HIGH COMMISSION, New Delhi.		
9.	PROCESSING TIME	Visa Submission Monday to Friday Morning 09:00 Am to 12: 00 Pm. Collection Next Day Except public holiday.		
10.	PHOTOCOPIES	Please ensure all your photocopies or original documents as		
requested by the mission have been made prior to submission. NOTE - It is recommended that applicants appear in person. The HIGH COMMISSION has no officially appointed Agents.				

N has no officially appointed Agents.

Address: C- 14, ANAND NIKETAN,

New Delhi - 110021 Phone No: 011-49363636 Fax No: 011 – 49363649

E-Mail: newdelhiugandahighcommission@yahoo.in Web: http://www.ugandahighcommdelhi.com



THE REPUBLIC OF UGANDA VISA APPLICATION

Please paste your photo here

SE	RIAL 1	NO			
1.	Family Name:				
2.	Other Names:				
3.	Former Name(s):				
4.	Address/Telephone a. Permanent Address:				
	b.	Present Address			
	c.	Telephone No(s):	Home ()		
	d.	E – Mail			
5.	Nationality				
6.					
7.	Marita	1 Status:(Check/tick	Day/Month/Year Place		
8. Other family members accompanying applicant (complete appropriate line/s)					
-					
_					
Child					
9.	9. Passport No				
10. Type of visa required (Check/tick one)					
Transit Single Entry Multiple Entry (Six Months) Multiple Entry (Twelve Months)					
11.	Propose	ed date for arrival:	Day/Month/Year		
	Duratio	n of stay:	Day/Month/Year		
12.	Reason	for Journey:			
13.	13. Date(s) of any previous visit(s):				
	a.	If in transit, ultimate	destination:		
	b.	Has a visa been obtain	1 for country of destination?		
14. Any contact person in the country of which VISA is applied: a. Name(s):					
		First	Last		
	b.				
15.	15. The full address in Uganda Where you intend to stay:				
	•••••				
	Applica	nt(s)Signature:	Date:20		