eVisa Form UGANDA Version: Avril 2024



PASSENGER I	NFORMATION
LAST NAME	
FIRST NAME	
DATE OF BIRTH	
NATIONALITY	
PREVIOUS NATIO	NALITY IF APPLICABLE
CITY AND COUNT	RY OF BIRTH
RELIGION	
LEVEL OF STUDY	
PASSPORT NUMB	ER
PLACE OF ISSUE	
DATE OF ISSUE	
EXPIRY DATE	
DO YOU HAVE A SECOND PASSPORT? IF YES, INDICATE:	
PASSPORT NUMB	ER
PLACE OF ISSUE	
DATE OF ISSUE	
EXPIRY DATE	
PASSPORT NATIO	NALITY
HOME ADDRESS	
REGION	
PHONE	
E-MAIL	
FAMILY INFOR	MATION
MARITAL SITUATI	ON
	NAME OF THE SPOUSE (HUSBAND)
NATIONALITY OF THE SPOUSE (HUSBAND)	
COUNTRY AND CITY OF BIRTH OF THE SPOUSE (HUSBAND)	
INFORMATION	ABOUT YOUR STAY
REASON FOR STA	Υ
DATE OF ARRIVAL	IN UGANDA
ARRIVAL AIRPORT	IN UGANDA
UGANDA DEPART	URE AIRPORT
eVISA REGISTRAT	
	egister your fingerprints and establish the eVisa)
COUNTRIES VISITED DURING LAST ( YEARS)	
REFERENCE IN UG	ANDA (a hotel, tour operator, local resident, company)
LAST	NAME NAME
ADDR	ESS
PHON	E NUMBER
REFERENCE IN FRANCE (friend, family, tour operator, company)	
LAST	NAME
ADDR	ESS
PHON	E NUMBER
Please print, complete, scan and return this document to contact@visatravel.fr	