

IMPORTANT: Please enter your contact information

Name: _____	
Email: _____	Tel: _____



CHECK LIST

- 2 filled out and signed visa application form(s)** (enclosed)
- Original passport** (Passport must have at least 6 months remaining validity)
- 2 photographs**
- Payment** (Filled out Credit Card Authorization form, Certified Check, or Money Order payable to VisaHQ.com)
- Return mailer** (prepaid self-addressed return label or a payment for FedEx)

If you wish to prepay return shipping, please add the shipping fee to the total and provide the return shipping address:

- FedEx 2nd day delivery – add \$15
- FedEx Standard Overnight – add \$20
- FedEx Priority Overnight – add \$25
- FedEx Saturday delivery – add \$45

Name: _____	
Address: _____	

State: _____	Zip: _____

Uganda visa supporting documents for citizens of United States

- International Certificate of Vaccination for Yellow Fever.

and for Uganda Business visa:

- A letter on company letterhead explaining the purpose and duration of the trip.

OUR MAILING ADDRESS:

We recommend FedEx, UPS, or DHL

VisaHQ.com 2005 Massachusetts Avenue, NW Washington, DC 20036 (202)558-2216



VisaHQ.com
2005 Massachusetts Avenue, NW
Washington, DC 20036
Tel: 800-345-6541

Type of visa

Type of visa	Max. validity	Embassy fee	Our fee	Processing time	Total
Single entry	up to 90 days	\$50.00	\$44.95	4 business days	\$94.95
Single entry	up to 90 days	\$70.00	\$69.95	2 business day	\$139.95
Multiple entry	up to 180 days	\$100.00	\$44.95	4 business days	\$144.95
Multiple entry	up to 180 days	\$120.00	\$69.95	2 business day	\$189.95
Multiple entry	up to 365 days	\$200.00	\$44.95	4 business days	\$244.95
Multiple entry	up to 365 days	\$220.00	\$69.95	2 business day	\$289.95

OUR MAILING ADDRESS:

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VisaHQ.com
2005 Massachusetts Avenue, NW
Washington, DC 20036
(202)558-2216



2005 Massachusetts Avenue, NW
Tel: 800.345.6541
202.558.2216
Fax: 202.318.4504

CREDIT CARD AUTHORIZATION FORM

I authorize VisaHQ.com to charge my credit card for the amount of _____

Credit Card number: _____

Credit Card Expiration date: _____

Name on the Credit Card: _____

Credit Card Billing Address: _____

Signature: _____

Date: _____

Comments: _____

THANK YOU

We accept all major credit cards





EMBASSY OF THE REPUBLIC OF UGANDA
WASHINGTON, D.C.

VISA APPLICATION

SERIAL NO.

1. Family Name:

2. Other Name(s):

3. Former Name(s):

4. Address/Telephone

a. Permanent Address:

b. Present Address:

c. Telephone No(s):

5. Nationality:

6. Date and Place of Birth:

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

8. Other family members accompanying applicant: (complete appropriate line/s)

	Name	Date of Birth	Place of Birth
Wife
Child
Child
Child
Child

9. Passport No.: Issued at: On:

Type: (check one) Diplomatic Official Ordinary

10. VISA Required

Type: (check one) Entry Transit Single Journey Multiple Journey (in transit for short visit)

Class: (check one) Diplomatic Official Ordinary

Side One

11. Commonwealth Country for which VISA is applied:
12. Proposed Date of Arrival:
Duration of Stay:
13. Reason for Journey:
14. Date(s) of any Previous Visit(s)
a. If in transit, ultimate destination:
b. Has a VISA been obtained for Country of Destination?
15. Any *Reference* in the country for which VISA is applied:
Address:
16. The full address in Uganda where you intend to stay:

Signature Date 19

Applicant

FOR OFFICIAL USE ONLY

VISA OFFICER:

.....

.....

Signature Date 19

Person picking up VISA