

The Travel Visa Company

Your Dedicated, Worldwide Travel Visa Agency



REFERRED BY

i.e. Travel Agent / Tour Operator / Cruise Line / Search Engine / Repeat Customer / Friend / Other

You **MUST** return this front page with your application.

RETURN ADDRESS

The Travel Visa Company Ltd.

Unit 2A, The Courtyard
Regents Park, London Road
Nantwich, Cheshire
CW5 6LW



SUPPORT

If you have any queries or would like additional assistance when completing your application, please contact us and one of our team would be happy to assist.



Telephone: **01270 904 907**



Email: **applications@thetravelvisacompany.co.uk**

Uganda Tourist Visa Application Pack

Thank you for requesting an application pack for a Uganda Tourist Visa.

Please complete the following three sections and then return the application pack and all supporting documents to The Travel Visa Company Ltd.

1. Checklist of the documents required

2. Service and delivery options

3. Address and payment details

PLEASE NOTE

A single entry Uganda Tourist Visa is valid for 90 days from the date of issue and permits a single entry of up to 90 days.

1. Checklist of the documents required

✓ Please tick to confirm you have provided the following:

- ☐ **UGANDA TOURIST VISA APPLICATION FORM** – Please find attached. It is important to carefully read through all the questions and fully complete all forms in **BLOCK CAPITALS** with a **BLACK PEN**. All application forms **MUST** be printed single-sided. Application forms printed double-sided **WILL NOT** be accepted.
- ☐ **PASSPORT COPY** – Please include a copy your passport's photograph/information page. Your passport must be valid for at least 6 months from your date of entry into Uganda.
- ☐ **PHOTOGRAPH** – The photograph must passport size, taken within the last 6 months, against a light background, printed on photographic paper, be full face and non-smiling [without sunglasses, a hat/cap or other head covering, unless the applicant wears such items because of their religious belief or ethnic background].
- ☐ **TRAVEL TICKET** - Please provide a copy of your flight/cruise confirmation which demonstrates that you have a return/onward ticket booked.
- ☐ **INVITATION LETTER – IF** you're being invited to Uganda by a relative, please provide an invitation letter. The invitation letter must include the applicant's name and passport number, purpose of travel, travel dates and inviter's details, including name and address.
 - **INVITER'S ID - IF** you're being invited to Uganda by a relative, you must also provide a copy of their passport/ID card.

- ☐ **YELLOW FEVER CERTIFICATE** - Please include a copy of your up-to-date yellow fever vaccination certificate.

! Failure to provide us with these documents will result in delays with your application.

2. Service and delivery options

- ✓ Please tick to confirm which service and delivery type you are requesting:

SINGLE ENTRY TOURIST VISA

Valid for 90 days from the date of issue and permits a stay of up to 90 days from the date of entry.

Visa Type	Processing Time	Embassy Fee	Service Fee	VAT	Total
<input type="checkbox"/> Single Entry	15 days*	£45.00	£45.79	£9.16	£99.95

	Delivery Type	Price
<input type="checkbox"/>	Email Confirmation	-
<input type="checkbox"/>	Provide Pre-Paid Envelope*	-
<input type="checkbox"/>	Posted Confirmation	£5.00
<input type="checkbox"/>	Collect from TVC Office	-

DATE OF TRAVEL

DD MM YYYY

LENGTH OF STAY

..... Days

*If you provide a pre-paid envelope please ensure it has your return address and the correct postage amount.

3. Address and payment details

Name:

Address:

.....

.....

Postcode:

Telephone:

Email:

☐ Credit/Debit Card

Name on card:

.....

Card Number:

.....

Expiry Date: CVC:

☐ Paypal paypal@thetravelvisacompany.co.uk

☐ Cheque

☐ BACS Reference:

EMAIL MARKETING (not required)

☐ I would like to sign up to the TVC mailing list.

We do not share your data with any third parties. To view our privacy policy, visit:

www.thetravelvisacompany.co.uk/privacy

Cheque/BACS payments are to be made payable to "The Travel Visa Company Ltd."

Bank Details: 68032405 / 08-92-50

TERMS & CONDITIONS (required)

☐ I have read, fully understood and agree to the Terms & Conditions and Client Declaration.

www.thetravelvisacompany.co.uk/terms

www.thetravelvisacompany.co.uk/declaration

Signed: Date:

Please contact us if you would like to receive a printed copy of these documents.

Personal Information

Surname:	<input type="text" value="As shown in passport"/>
Given name(s):	<input type="text" value="As shown in passport"/>
Date of birth:	<input type="text" value="DD/MM/YYYY"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="text"/>
If married	Spouse's full name: <input type="text"/>
Nationality:	<input type="text"/>
Do you have or have you ever held any other nationalities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes	Other nationality: <input type="text"/>
Place of birth:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Country of residence:	<input type="text"/>
Immigration status in country of residence:	<input type="checkbox"/> Citizen <input type="checkbox"/> Student <input type="checkbox"/> Tourist <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="text"/>

Passport Details

Passport type:	<input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic
Passport number:	<input type="text"/>
Issuing country:	<input type="text"/>
Issuing authority:	<input type="text"/>
Issue date:	<input type="text" value="DD/MM/YYYY"/>
Expiry date:	<input type="text" value="DD/MM/YYYY"/>

Applicant Contact Details

Phone number:	<input type="text"/>
Email address:	<input type="text"/>
Current address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Travel Details

Purpose of travel:	<input type="checkbox"/> Tourism <input type="checkbox"/> Transit <input type="checkbox"/> Visiting a Ugandan relative <input type="checkbox"/> Visiting a non-Ugandan relative who resides in Uganda
Proposed date of travel:	<input type="text" value="DD/MM/YYYY"/>
Proposed date of departure:	<input type="text" value="DD/MM/YYYY"/>
Total length of stay:	<input type="text" value="Days"/>
Hotel/host name:	<input type="text"/>
Hotel/host telephone number:	<input type="text"/>

Travel Details

Address in Uganda:

Street:

Town/City:

State/Province:

Postcode:

Please list the last 5 countries you have visited:

Port of entry:

Have you previously been denied a visa?

☐ Yes ☐ No

Have you previously been deported?

☐ Yes ☐ No

Have you previously been convicted for any crime, in any country?

☐ Yes ☐ No

Are there currently any criminal proceedings against you?

☐ Yes ☐ No

Are you suffering from any mental illness?

☐ Yes ☐ No

☐ I confirm that all information provided in this form is accurate and valid.

If you have answered 'yes' to any of the above questions, please provide further detail below:

Additional writing space if required: