

PASSENGER INFORMATION	
LAST NAME	
FIRST NAME	
DATE OF BIRTH	
NATIONALITY	
PREVIOUS NATIONALITY	IF APPLICABLE
CITY AND COUNTRY OF E	3IRTH
RELIGION	
LEVEL OF STUDY	
PASSPORT NUMBER	
PLACE OF ISSUE	
DATE OF ISSUE	
EXPIRY DATE	
DO YOU HAVE A SECOND PASSPORT? IF YES, INDICATE:	
PASSPORT NUMBER	
PLACE OF ISSUE	
DATE OF ISSUE	
EXPIRY DATE	
PASSPORT NATIONALITY	
HOME ADDRESS	
REGION	
PHONE	
E-MAIL	
FAMILY INFORMATION	
	C OF THE SPOUSE (HUSBAND)
NATIONALITY OF THE SP	
COUNTRY AND CITY OF BIRTH OF THE SPOUSE (HUSBAND)	
INFORMATION ABOU	IT YOUR STAY
REASON FOR STAY	
DATE OF ARRIVAL IN UGA	ANDA
ARRIVAL AIRPORT IN UGA	ANDA
UGANDA DEPARTURE AIR	RPORT
eVISA REGISTRATION PO	INT
	our fingerprints and establish the eVisa)
LAST 5 COUNTRIES VISITED	
REFERENCE IN UGANDA (a hotel, tour operator, local resident, company)	
LAST NAME	
ADDRESS	
PHONE NUM	BER
REFERENCE IN FRANCE (friend, family, tour operator, company)	
LAST NAME	

ADDRESS

PHONE NUMBER

Please print, complete, scan and return this document to contact@visatravel.fr