

Uganda Visa White Glove

An additional \$50 White Glove fee per person applies and this is paid directly to World Visa Travel.

Purpose of Travel*: _____

Outline your intended activities during your stay in Uganda: _____

Applicant Information

Address*: _____

City*: _____

State/Region/Province*: _____

ZIP / Postal Code*: _____

Country*: _____

Work Phone: _____

Home Phone*: _____

Cell Phone*: _____

Email*: _____

Are you travelling with a spouse?*

Spouse Name: _____

Spouse Last Name: _____

Spouse Date of Birth: _____

Spouse Passport Number: _____

Are you travelling with a child/children?*

Child Name: _____

Child Last Name: _____

Child Name: _____

Child Last Name: _____

Child Name: _____

Child Last Name: _____

Child Name: _____

Child Last Name: _____

Travel Information

Expected Date of Arrival*: _____

Expected Date of Return*: _____

Have you visited Uganda before?*

Last Visit 1: _____

Last Visit 2: _____

Contact Name / Organization in Uganda*: _____

Contact Address in Uganda*: _____

Location*: _____

Contact phone: _____

Contact email: _____

If only transiting, state final destination: _____

Please include with this questionnaire: (PDF, JPEG, PNG, BMP) Min. Size 5 KB. Max. Size 250 KB.

1. Passport-Size Photo
2. Invitation Letter
3. Photo ID of Host
4. Travel Itinerary