

# **Republic of South Sudan**

### **Ministry of Interior**



#### **Directorate of Nationality, Passports and Immigration**

# Visa Application Form Form 5A (FILL OUT IN CAPITAL LETTERS ONLY)

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Warning: providing false information is considered the applicant and his/her witness to legal action.	d a crime in accordance v	with the So	uth Sudan Nationalit	y Act 2011 and e	xposes
Place of Application_	Date:	/	/20		
Have you Previously Applied for South Su	ıdan Visa. Yes		☐ No		
If yes, Previous visa No:.	Date	e of Issue	<b>)</b>		.Place
of IssueDa	te of Arrival in south	Sudan	• • • • • • • • • • • • • • • • • • • •	P	oint of
Entrypoint	of Exit	•••••			
1. Visa Type Requested: Single:	Multiple: Tran	nsit:	Other: (Spe	ecify)	
Purpose of visit: Visit  Education  7	Γourism  Medical f	treatmen	t 🗌 Official 🗌	Other [] (	(Specify)
Duration of Intended Stay Sudan		Date	of Intended	Arrival in	South
Mode of Transport: Air Road/Trail Personal Details (As in Passport)	] River [				
Surname:					
Given Names:		• • • • • • • • • • • • • • • • • • • •			
Date of Birth (Day/Month/Year):/	/				
Place of Birth:Co	ountry of Birth				
Sex: Male Female					
Marital Status: Single  Married Divo	orced Widowed				
				••	

(If dual, give both)

## 3. Passport Details:

4. Passport Type: Regular Diplomatic Special Business Other (specify)
Passport No:Date of Issue (Day/Month/Year):/
Country of Issue:Date of Expiry (Day/Month/Year):/Place of Issue:
5. Professional / Occupation Details:
Present Occupation: Title:
Employer Name:
E-mail:
6. Applicant's Contact Details:
Present Address:
Permanent Country of Origin Address:
Phone No: Mobile No: E-mail Address:
7. Family Details:
Spouse Details
Surname:
Given Names:
Permanent Address:
Phone No:
E-mail Address:

Next of Kin Details
Surname:
Given Names:
Permanent Address:
Phone No: Mobile No.
E-mail Address:
8. Have you ever:
a) Been convicted of a crime or offence in any country? Yes \[ \] No \[ \]
b) Been deported or removed from South Sudan or any country for overstaying your visa or violating any law or regulation? Yes No
c) Been convicted and sentenced for a drug offence in any country in violation of law concerning narcotics, marijuana, opium, stimulants or psychotropic substances?  Yes No
d) Committed trafficking in persons or incited or aided another to commit such an offence?  Yes No
e) Are you suffering from tuberculosis, any other infectious or contagious disease
Yes No No
If you answer yes to any of the questions above, provide explanation below:
Address of Place of Stay / Hotel:
Funds Available For My Stay
9. Guarantor or references in South Sudan:
Name:
Address
Address

Date of Birth (Day/Month/Year):/	/ Sex: Male	Fema	
Relationship to Applicant:			
Profession or occupation and position:			
Nationality and Immigration Status:			
10. Declaration:			
I declare that the information provided in this form	m is true and accurate.		
Signature of the applicant (Sign below here)	Date (Write below	w here)	
	:/.		
FOR	OFFICIAL USE		
Approving Authority:			
Officer Name:	Title:		
Entry Type: Single Multiple	Period of stay		
Officer's Signature:	Date (Day/Month	ı/Year):	
Comments:			
Fees			
Amount:			
Date of Receipt:	Receipt No:		
Designated Officer's Name:	Title:		
Signature and stamp			
Visa Number:			