

### **Republic of South Sudan**

### **Ministry of Interior**



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

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

**Warning:** providing false information is considered a crime in accordance with the South Sudan Nationality Act 2011 and exposes the applicant and his/her witness to legal action.

Place of Application Date: / /20			
Have you Previously Applied for South Sudan Visa. Yes   No			
If yes, Previous visa No: Date of Issue. Place			
of Issue			
Entrypoint of Exit			
1. Visa Type Requested: Single: Multiple: Transit: Other: (Specify)			
Purpose of visit: Visit   Education   Tourism   Medical treatment   Official   Other   (Specify)			
Duration of Intended Stay			
Mode of Transport: Air  Road/Trail  River  2. Personal Details (As in Passport)			
Surname:			
Given Names:			
Date of Birth (Day/Month/Year):/			
Place of Birth: Country of Birth.			
Sex: Male  Female			
Marital Status: Single  Married  Divorced  Widowed Nationality / Citizenship:			

(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:	
5. Professional / O	
Present Occupation:	: Title:
= -	
Employer Address:	
	Phone No:
E-mail:	
6. Applicant's Con	itact Details:
Present Address:	
Permanent Country	of Origin Address:
E-mail Address:	
7. Family Details:	
<b>Spouse Details</b>	
Surname:	
Given Names:	
Permanent Address:	
Phone No:	
E-man Address	

## **Next of Kin Details** Surname: ..... Given Names: Permanent Address: Phone No: Mobile No. E-mail Address: 8. Have you ever: No $\square$ a) Been convicted of a crime or offence in any country? Yes 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 No $\square$ Yes 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: Telephone No.: 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 for	rm is true and accurate.
Signature of the applicant (Sign below here)	Date (Write below here)
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<u>FOF</u>	R OFFICIAL USE
Approving Authority:	
Officer Name:	Title:
Entry Type: Single Multiple	Period of stay
Officer's Signature:	Date (Day/Month/Year):
Comments:	
Fees	
Amount:	
Date of Receipt:	Receipt No:
Designated Officer's Name:	Title:
Signature and stamp	
Visa Number:	