



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: giving false information is considered a crime in accordance with the Passport and Immigration Act, 2011. Visa fees are non-refundable. Visa is not transferable and attempt to do so is considered a crime.

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.....Date of Arrival in south Sudan.....Point of
Entry.....point 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.....Date of Intended Arrival in South
Sudan.....

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: Date of Expiry (Day/Month/Year):/...../..... Place of Issue:

.....

5. Professional / Occupation Details:

Present Occupation: Title:

Employer Name:

Employer Address:

.....

..... Phone No:

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: Mobile 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

If you answer yes to any of the questions above, provide explanation below:

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.....

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 Female

Relationship to Applicant:

Profession/occupation:

Nationality and Immigration Status:

10. Declaration:

I declare that the information provided in this form is true and accurate.

Signature of the applicant (Sign below here)

Date (Write below here)

..... : / /

FOR 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: