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:
......................................................................................
......................................................................................

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:
……………………………………………………………………………………………………………………………….

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Fees

Amount: …………………………………………………………………………………

Date of Receipt: ………………………………… Receipt No: ………………………………………

Designated Officer’s Name: ………………………… Title: ………………………………………

Signature and stamp ……………………………………………………………………………………………

Visa Number: …………………………………………………………………………………………….