



EMBASSY OF THE REPUBLIC OF SOUTH SUDAN

Rome - ITALY

Visa Application Form: Form 5A



Warning: Giving false information is considered a crime in accordance with the Passport and Immigration Act 2011 of the Republic of South Sudan. Visa fees are non - refundable.

Visa is not transferable and any attempt to do so is considered a crime.

1. Personal Details (As in Passport)

Surname:

.....

Given Names:

.....

Date of Birth (Day/Month/Year).....

Place of Birth

Sex Male Female

Marital Status Single Married Divorced

Nationality/Citizenship:

..... (If Dual, give both)

2. PASSPORT DETAILS

Passport Type

Regular Special Diplomatic Business other

Specify

Passport No.: Date of Issue (Day/Month/Year)

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

3. HAVE YOU PREVIOUSLY APPLIED FOR SOUTH SUDAN VISA

Yes No

If Yes, provide visa number :Date of Issue...../...../.....

Place of Issue:

Date of arrival in South Sudan:/...../.....

Point of Entry:Point of Exit

4. TYPE OF VISA:

Single Multiple Other Specify

5. PURPOSE OF VISIT :

Education Tourism Official Other Specify

Duration of stay :/...../.....

Date of arrival in South Sudan/...../.....

Mode of transport Air Road Rail River

6. PROFESSIONAL /OCCUPATION DETAILS

Occupation Title

Name of Employer

Address of Employer

Phone No. E mail

7. APPLICANTS CONTACT DETAILS

Present address

Permanent address in country of origin.

8. FAMILY DETAILS 1. Details of Spouse

Surname Given names

Permanent Address
.....
.....

Phone No. Mobile No.

E mail

NEXT OF KIN DETAILS

Surname..... Given names

Permanent Address
.....
.....

Phone No. Mobile No. E mail

9. HAVE YOU EVER.

- a) Been convicted of a crime or any offence in any country? Yes No
- b) Been deported or removed from South Sudan or any other country for overstaying your visa or violating any law or regulation? Yes No
- c) Been convicted and sentence for drug offence in any country in violation of law concerning narcotics, marijuana, opium, stimulant or psychotropic substance? Yes No
- d) Committed trafficking in persons or incited and aided another to commit such an offence? Yes No
- e) Are you suffering from tuberculosis, any other infectious or contagious disease? Yes No

If yes to any of the questions above, please provide explanation below

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.....

10. ADDRESS OF PLACE OF STAY

Hotel ame Other Specify

.....

11. CONTACT IN SOUTH SUDAN

Name Telephone No.....

Address.....

.....

.....

Relationship to the Applicant

.....

Profession/occupation.....

12. DECLARATION

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

Signature of the applicant Date

FOR OFFICIAL USE

Approving Authority

Name of Officer Title

.....

Type of visa Single Multiple Period of stay

.....

Signature of Officer Date

Comments

FEES Amount in EURO

Date of Receipt/...../..... Receipt No.

Designated Officer's Name Title

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Visa Number Signature and stamp

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