

Registration FORM
for citizens of the Republic of Uganda



Family Name

First Name(s)

Sex

female

male

Marital Status

married

single

divorced

Last Address in Uganda

Telephon

E-Mail

Occupation

Date and Place of Birth

Passport No.

Date of issue

Expiry date

Date of arrival in AUT

Duration of stay

Reason for stay

**contact person in
emergency cases**

Name

Address

Date

Signature