



REPUBLIC OF SOUTH SUDAN
MINISTRY OF INTERIOR
DIRECTORATE OF PASSPORT & IMMIGRATION
APPLICATION FOR ENTRY VISA
(MUST FILL IN CAPITAL LETTERS ONLY)

Photo
Paste Here

SURNAME

OTHER NAMES

NATIONALITY

SEX MALE ☐

FEMALE ☐

DATE OF BIRTH

PLACE OF BIRTH

COUNTRY OF RESIDENCE

PASSPORT NO.

PASSPORT TYPE

ORDINARY ☐

DIPLOMATIC ☐

TEMPORARY ☐

PLACE OF ISSUE

DATE OF ISSUE

DATE OF EXPIRY

OCCUPATION

NAME OF THE ORGANISATION / COMPANY

PURPOSE OF VISIT

TYPE OF ENTRY

SINGLE ☐

MULTIPLE ☐

PERIOD OF STAY

1 MONTH ☐

3 MONTHS ☐

6 MONTHS ☐

12 MONTHS ☐

PORT OF ENTRY

PORT OF DEPARTURE

MEANS OF TRANSPORT

BY ROAD ☐

BY AIR ☐

BY SEA ☐

ANY OTHER DESCRIPTION

CURRENTLY RESIDING
COUNTRY (ADDRESS &
CONTACT NUMBER)

SOUTH SUDAN (ADDRESS &
CONTACT NUMBER)

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

RECEIPT NUMBER

VISA/CP NUMBER

APPROVED: ENTRY TYPE

SINGLE ☐

MULTIPLE ☐

PERIOD OF STAY

1 MONTH ☐

3 MONTHS ☐

6 MONTHS ☐

12 MONTHS ☐

COMMENTS

OFFICER NAME

DESIGNATION

OFFICER'S
SIGNATURE

DATE



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NAME OF THE ORGANISATION / COMPANY			
PURPOSE OF VISIT	TYPE OF ENTRY		SINGLE ☐
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PERIOD OF STAY	1 MONTH ☐	3 MONTHS ☐	6 MONTHS ☐
	12 MONTHS ☐	PORT OF ENTRY	
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OFFICER NAME	DESIGNATION
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