

**HIGH COMMISSION OF THE REPUBLIC OF UGANDA
PRETORIA**

CONSULAR REGISTRATION FORM

1. Surname: Mr/Mrs/Miss/Dr.....
2. Other Names.....
3. Marital/Married/Divorced/Widowed.....
4. Date of Birth.....
5. Passport Number..... File Number.....
6. Date of Issue..... Place of Issue.....
7. Date of Arrival in South Africa.....
8. Address in South Africa.....
Postal Code..... Telephone (day).....
.....(Evening).....
9. Purpose of Stay in South Africa.....
10. Expected Period of Stay.....
11. Next of Kin or Friend in Uganda who can be contacted in case of an
Emergency:
Name:
Address.....
Telephone Number.....
12. Next of Kin or Friend in South Africa who can be contacted in case
of an emergency:
Name.....
Address.....
Telephone Number.....
13. Signature..... Date.....