



THE REPUBLIC OF UGANDA

5457

THE REPUBLIC OF UGANDA
IMMIGRATION ACT. 1969

APPLICATION FOR CERTIFICATE OF RESIDENCE

**The Secretary
Immigration Control Board,
P.O. BOX 7165,
KAMPALA**

- 1 Full names of applicant.....
.....
- 2 Address in Uganda.....
.....
- 3 Sex
- 4 Married/Single
- 5 Profession/Occupation
- 6 Place of Birth
- 7 Date of Birth County
- 8 Height.....
- 9 Colour of hair
- 10 Colour of eyes
- 11 Complexion of skin: White / Yellow, light brown / brown / dark brown / black (tick where applicable)
- 12 Nationality of origin
- 13 Present nationality or national status
- 14 Maiden name of applicant if married woman
- 15 Passport/travel Document No
- Place of issue
- Date of issue.....
- By whom Issued
- 16 How long have you been living in Uganda?
- 17 Income and source.....
- 18 Particulars of property in Uganda.....
.....
- 19 Type of property and location
- 20 Full name of wife or wives.....
.....

21. Maiden names of wife or wives

22. If applicant a married woman, full names and address of husband

23. Particulars of children (if any)

Name	Sex	Date of Birth	Place of Birth

24. Particulars of other dependants;

Name	Sex	Date of Birth	Relation to Applicant

25. Years in respect of which income tax has been paid

28. Other relevant information applicant wants to give

27. Period applied for

28. Names and address of two referees

29. I hereby solemnly declare that the statements I have made in the form are true to the best of my knowledge and belief.

Date..... Signature.....

BOARD'S RECOMMENDATION.

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Date..... **Chairman**.....

MINISTER'S DECISION

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Date..... **Signature**.....

Minister's decision communicated to applicant on

Date..... **Signature**.....

